

<b>Case Number:</b>	CM13-0020982		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	12/28/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Acupuncture and Chiropractic and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 28 year old male who reported mid back and low back pain from injury sustained on 12/28/12 while reaching into the truck to pull heavy patrol bag. X-rays of the lumbar spine revealed disc space narrowing at L4-5 and L5-S1 with no evidence of instability. MRI of the mbar spine revealed stable mild degenerative disc changes at L4-5 and L5-S1. Patient is diagnosed with degenerative disc disease; thoracic pain and muscle spasm. Patient has been treated with physical therapy, medication, chiropractic, epidural injection and home exercise program. Per medical notes dated 08/11/13, patient complains of back pain radiating to the right leg and foot. Pain is rated at 8/10, worse at mid back. Patient is taking medication. Thoracic spine range of motion is within normal limits with tenderness to palpation of the paraspinal muscles. Range of motion of the lumbar spine is limited. Per medical notes dated 09/20/13, patient complains of right and left upper back pain that does not radiate. Patient complains of right greater than left low back pain that radiates down his right leg to his foot. He describes the low back as tight, stiff and sore. Primary physician is requesting initial trial of 12 acupuncture sessions which were modified to 3 by the utilization reviewer on 08/29/13. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**12 SESSIONS OF ACUPUNCTURE FOR THE MILD/LOW BACK BETWEEN 8/29/13 AND 10/13/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". At the time of the request the patient has not had prior Acupuncture treatment. Primary physician is requesting initial trial of 12 acupuncture sessions which were modified to 3 by the utilization reviewer on 08/29/13. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.