

<b>Case Number:</b>	CM13-0027556		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	12/17/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Board Certified in Occupational Medicine 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 patient is a 69 year old male who has reported knee and back pain attributed to work activity, with a listed injury date of 12/17/08. Diagnoses have included lumbar strain/sprain, degenerative disc disease, and bilateral knee derangement. Treatment has included ten acupuncture sessions, physical therapy, chiropractic care, and medications. There are multiple treating medical doctor and chiropractic reports during 2013. The chiropractic reports refer to ongoing acupuncture. No reports provide evidence of functional improvement. The reports from the treating physicians refer to ongoing pain, large quantities of medications, and referrals for tests and surgery. Function is not discussed in any detail. Per the primary treating physician report of 8/6/13, there was ongoing, multifocal pain and further acupuncture was prescribed. On 9/06/13, Utilization Review non-certified additional acupuncture, noting the lack of functional improvement and recommendations of the MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL ACUPUNCTURE, ONCE A WEEK FOR 6 WEEKS, LOW BACK AND BILATERAL KNEES:** Upheld

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

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

**Decision rationale:** The prescription for additional acupuncture is evaluated in light of the MTUS recommendations for acupuncture, including the definition of "functional improvement". An initial course of acupuncture was completed in excess of the MTUS recommendations. Medical necessity for any further acupuncture is considered in light of "functional improvement". Since the completion of the prior acupuncture visits, the treating physician has not provided evidence of clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no evidence of a reduction in the dependency on continued medical treatment. Medical treatment has increased in intensity. Therefore, the request for additional acupuncture, once a week or six weeks for the low back and bilateral knees is not medically necessary and appropriate.