

<b>Case Number:</b>	CM13-0028531		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	11/10/2010
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 Chiropractic Medicine and Acupuncture has a subspecialty in Oriental 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 injured worker is a 47 year old male who reported low back pain from injury sustained on 11/10/10. Mechanism of injury is unknown. Patient was diagnosed with central low back pain. Patient was treated with medication, physical therapy and acupuncture. Per notes dated 03/14/13, patient followed for ongoing low back pain; he is currently going through acupuncture treatments which he finds beneficial. Acupuncture significantly decreased his spasm and achiness. It helps him get through the workday a lot easier and carry out his activities of daily living for a prolonged period before having to stop secondary to discomfort. Per notes dated 8/29/13, patient complains of low back pain, he stated that he started having a "flare". Physical examination revealed tenderness along the lumbar paraspinal muscles. Patient had acupuncture treatments which reportedly helped with pain. Primary treating physician is requesting 8 additional acupuncture sessions. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Patient continues to have pain and flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2 X WK X 4 WKS FOR LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** Per MTUS- Acupuncture Medical treatment Guidelines pages 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". Patient has had prior acupuncture treatment. Per guidelines 3-6 treatments are sufficient for course of Acupuncture. 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 of 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, 8 Acupuncture visits are not medically necessary.