

<b>Case Number:</b>	CM13-0030203		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 40 year old male who reported low back pain and elbow pain from injury sustained on 9/8/11 due to a slip and fall. There were no diagnostic imaging reports. The patient was diagnosed with lumbosacral sprain, chronic pain syndrome, spondylolisthesis and sciatica. The patient was treated with medication, functional restoration program and acupuncture. Per acupuncture progress notes dated 03/28/13, the patient reports that acupuncture helps to relieve pain for a few days; pain in low back is 6/10. Per notes dated 7/10/13, the patient complained of pain low back pain which radiates back of left leg and down to ankle. Pain was 6/10; pain lasts all day. Acupuncture has been helpful in the past 40-60% to help relax and reduce pain. Primary treating physician is recommending 8 additional acupuncture visits. Per notes dated 2/9/13, patient continues to have low back pain; pain is constant and at its worst is 8/10 and at its best is 6/10. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient hasn't had any long term symptomatic or functional relief with acupuncture care. The patient continues to have pain and remains on modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT (8) SESSIONS OF ACUPUNCTURE:** Upheld

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

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

**Decision rationale:** Per MTUS Guidelines, 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 is 3-6 treatments at a frequency of 1-3 times per week. Acupuncture treatments may be extended if functional improvement is documented. This patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decreased medication intake, neither of which were documented. Additionally, per guidelines 3-6 treatments are sufficient for functional improvement, 8 requested visits exceed the amount specified by guidelines. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.