

<b>Case Number:</b>	CM13-0038059		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	09/14/2004
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Chiropractic Services, 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 64 year old male with a date of injury of 9/14/2004. According to the progress report dated 9/4/2013, the patient complained of low back pain. The patient rated his pain at 4/10 with methadone and was able to be functional. The provider noted that the patient's low back pain with stabbing pain has decreased. The patient was diagnosed with spondylosis lumbosacral and disorder of the sacrum.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 SESSIONS OF ACUPUNCTURE:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines states that acupuncture may be extended if there is documentation of functional improvement as defined in 9792.20(f). Functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restriction as measured during the history and physical exam and a reduction in dependency on continued medical treatment. Records indicate that the patient had acupuncture in the past. The acupuncturist noted that the patient felt better. However, the

acupuncturist failed to document significant improvement in activities of daily living or work restriction. In an appeal dated 10/03/2013, the provider noted that the patient responded very well to acupuncture and it has been the only modality that offered him excellent pain relief. The provider noted that the patient had overall improvement in function. However, according to the progress report dated 9/04/2013, the provider noted that the patient was taking methadone 5mg TID and the patient's stabbing pain has decreased. He was able to take the garage out without low back pain which is a great improvement. The patient reports that acupuncture and physical therapy helped. It appears that medication provided functional improvement for the patient. There was no evidence that the patient had a reduction in dependency on continued medical treatment. The patient was awaiting approval for lumbar RFA. Given the lack of documentation of functional improvement from acupuncture care, the provider's request for 6 additional acupuncture sessions is not medically necessary at this time.