

<b>Case Number:</b>	CM13-0053821		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 and Acupuncture, 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 48-year-old who reported low back and left knee pain from injury sustained on 6/28/11. Patient was climbing down some steps along a truck and fell injuring his back and knee. MRI of the left knee revealed oblique tear of posterior horn of medial meniscus; mild condromalacia patella and peripatellar bursitis. MRI of the lumbar spine revealed marked degenerative spondylosis L5-S1 with motion segment instability; 3mm disc protrusion, slight retrolisthesis with annular bulge. Patient was diagnosed with lumbar disc displacement without myelopathy; sciatic; pain in the join-lower leg; disorder of sacrum. Patient has been treated with medication, left knee arthroscopic surgery and physical therapy. Treating physician is recommending an initial course of twelve acupuncture visits. Per notes dated 11/21/13, patient complains of low back pain, bilateral knee pain. Pain radiates into both lower extremity and made worse with prolonged walking and standing. Patient continues to have pain and flare-ups. 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:

#### **TWELVE SESSIONS OF ACUPUNCTURE FOR LOW BACK PAIN: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the Acupuncture Medical Treatment 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: 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 hasn't had prior Acupuncture treatment. According to the Acupuncture Medical Treatment Guidelines, 3-6 treatments are sufficient for initial course of Acupuncture. 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. The request for twelve sessions of acupuncture for low back pain is not medically necessary or appropriate.