

<b>Case Number:</b>	CM13-0056631		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 67 year old female who reported left ankle and low back pain from injury sustained on 12/13/12 due to a slip and fall. An MRI of the lumbar spine revealed mild levoscoliosis; left neural foraminal narrowing and central annular tear (L4-5), mild bilateral neural foraminal narrowing and grade 1 anterolisthesis. The patient is diagnosed with lumbar disc protrusion and nonunion of left ankle lateral malleolar fracture. The patient has been treated with ankle bracing, chiropractic, physical therapy, home exercise program, medication and acupuncture. Per the medical notes dated 10/14/13, patient complains of neck, left buttock and shoulder pain rated at 4/10; upper back pain rated is 5/10; mid-back and low back pain rated at 6/10; left foot and ankle pain rated at 7/10. Since the last examination, she feels the same. She has decreased range of motion. The patient reported associated weakness, numbness, giving away, locking and swelling with activities of daily living. The patient is receiving acupuncture with temporary relief. She is currently taking less amount of medication. The primary physician is requesting additional 12 acupuncture sessions. 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 medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 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:** The Acupuncture Medical Treatment Guidelines states 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. The time to produce function improvement are between 3-6 treatments, 1-3 times per week, for 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. The patient has had prior acupuncture treatment. Per the medical notes dated 10/14/13, acupuncture with temporary relief. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. Per the 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 decrease in medication intake. Per the review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.