

<b>Case Number:</b>	CM13-0058724		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 61-year-old female who reported left knee, left wrist and low back pain from injury sustained on May 21, 2012. The patient was doing her regular and customary duties of cleaning the kitchen when she slipped and fell and immediately felt pain. X-rays of the left knee revealed a broken patella. Diagnostic imaging of the left wrist revealed avascular necrosis of the lunate. An electromyography (EMG) was unremarkable. The patient was diagnosed with lumbar spine sprain/strain, left wrist contusion; status post left patellar fracture, lumbago. The patient has been treated with medication, physical therapy, chiropractic, surgery (left patella). It is unclear if the patient has had prior Acupuncture treatment. According to acupuncture notes dated September 20, 2013, the plan is to perform Acupuncture for 12 visits, two (2) times per week for six (6) weeks. There is lack of documents stating if treatment was rendered. If treatment was rendered, there is no assessment in the enclosed medical records of the efficacy of the prior treatments. According to notes dated October 16, 2013, the patient continues to have low back pain of 5/10, radiating down the left leg, left wrist pain of 4/10 with numbness and left knee pain of 5/10. The patient has not had any long-term improvement with care; she continues to be symptomatic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for acupuncture for the lumbar spine, three (3) times per week for six (6) weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

**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. Acupuncture treatments may be extended if functional improvement is documented. It is unclear if the patient has had prior Acupuncture treatment. According to acupuncture notes dated September 20, 2013 the "plan is to perform acupuncture for 12 visits, two (2) times per week for six (6) weeks". There is lack of documents stating if that treatment was rendered. If treatment was rendered, there is no assessment in the enclosed medical records of functional efficacy of the prior treatments. Guidelines state that 3-6 treatments are sufficient for an initial course of Acupuncture. Additional visits may be rendered if the patient has documented objective functional improvement. 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. Based on guidelines and review of evidence, the request is not medically necessary.