

<b>Case Number:</b>	CM13-0059670		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic, has a subspecialty in 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 physician 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 43 year old female who reported neck, low back, left knee and hand pain from injury sustained on 4/25/13. Patient was walking to go sit at desk and tripped over white board legs and fell. MRI of the lumbar spine revealed transitional lumbosacral vertebrae, degenerative changes with mild dural compression at L4-L5. MRI of the cervical spine revealed degenerative changes at C4-C7 with minimal dural compression at C4-5 and mild dural compression at C5-C7. EMG of lower extremity was unremarkable. Patient was diagnosed with sprain of neck and sprain of lumbar spine. Patient has been treated with pain medication and acupuncture. Per documents provided, it is unclear on the number of acupuncture visits rendered. Per notes dated 11/7/13, she had her initial acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the enclosed medical records of the efficacy of prior visits. She hasn't had any long term symptomatic or functional relief with care. 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:

**Outpatient Acupuncture Treatments 2 times per week for 6 weeks for the Lumbar and Cervical Spine:** Upheld

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "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". Per notes dated 11/7/13, patient has had prior acupuncture treatment, amount of visits unknown. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the enclosed medical records of the efficacy of prior visits. 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. Per review of evidence and guidelines, 2x6 acupuncture treatments are not medically necessary.