

<b>Case Number:</b>	CM13-0060370		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/12/2005
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 55 year old female who reported low back pain from injury sustained on 8/12/2005 due to prolonged sitting at a computer desk. MRI of the lumbar spine revealed disc herniation at L3-L4 with moderate to severe neuroforaminal stenosis; compression at L3 nerve root; mild to moderate central canal stenosis and facet osteoarthritis at L3-5. The patient was diagnosed with lumbar sprain/strain, degenerative disc disease at L5-S1; left Sacroiliac sprain/strain; left lower extremity radiculopathy. Patient has been treated with medication, epidural injection, physical therapy and acupuncture. Patient was seen for a total of 20 acupuncture visits since January 2013. Acupuncture progress notes were not provided for review. Per 9/9/13 visit, she reported temporary pain relief with acupuncture. Per 10/25/13, patient complained of low back pain, pain increased with sitting standing and limited range of motion. Per utilization review, progress notes dated 10/25/13 documented that the patient's low back was unchanged. The current request is for additional care to maintain the level of work activity with no evidence of recent flare or exacerbation as notes in the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care as she continues to have pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the lumbar spine (8 sessions): Upheld**

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

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

**Decision rationale:** Per MTUS 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 is 3-6 treatments at a frequency of 1-3 times per week. The optimum duration is 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. The patient had 20 prior acupuncture visits since January 2013 with lack of functional improvement. 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 or decreased medication intake. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.