

<b>Case Number:</b>	CM13-0067728		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	05/12/2012
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 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 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:

This male injured worker was employed as an installer of automotive lift equipment. His job duties included lifting and carrying as much as 200 pounds at a time. He started to develop back pain and the pain became severe over time. The date of injury was May 12, 2012. Diagnoses include lumbar disc syndrome without myelopathy status post lumbar spine surgery with radiculopathy on 11/29/2012, lumbar sprain/strain and radicular syndrome of bilateral lower extremities. His lumbar spine pain is constant and severe in nature, aggravated by activities involving bending, stooping and twisting with bilateral legs radiation and with bilateral legs numbness. He currently complains of pain at the level of 8 on a scale of 1 to 10. Examination of the spine revealed moderate to severe muscle spasm and pain on range of motion. There was posterior midline tenderness present at the LS spine. Range of motion of the lumbar spine included flexion 20 degrees, extension 5 degrees, bending 5 degrees and rotation of 10 degrees. X-ray revealed mild narrowing of the L5-S1 disc space with evidence of facet joint change at L5-S1 level. Physical therapy was noted to improve symptoms. Treatment modalities included physical therapy, epidural injections at 5 levels and medications. A request was made for cervical/thoracic electro-acupuncture quantity six, left upper extremity electro/acupuncture quantity six and right knee electro/acupuncture quantity six. On November 19, 2013, utilization review denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical and thoracic electro-acupuncture/acupuncture twice weekly #6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment, Integrated Treatment, Disability Duration Guidelines, Pain (Chronic), Acupuncture

**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". It is unclear if the patient has had prior Acupuncture treatment or if the request is for initial trial of care. Per guidelines 3-6 treatments are supported for course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. Medical records failed to document functional goals that would be obtained with acupuncture. Official Disability Guidelines do not recommend acupuncture for neck pain. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.

**Left upper extremity electro-acupuncture/acupuncture twice weekly #6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment, Integrated Treatment, Disability Duration Guidelines, Pain (Chronic), Acupuncture

**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". It is unclear if the patient has had prior Acupuncture treatment or if the request is for initial trial of care. Per guidelines 3-6 treatments are supported for course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. 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. Medical records failed to document functional goals that would be obtained with acupuncture. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.

**Right knee electro-acupuncture/acupuncture twice weekly #6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment, Integrated Treatment, Disability Duration Guidelines, Pain (Chronic), Acupuncture

**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". It is unclear if the patient has had prior Acupuncture treatment or if the request is for initial trial of care. Per guidelines 3-6 treatments are supported for course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. Medical records failed to document functional goals that would be obtained with acupuncture. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.