

<b>Case Number:</b>	CM13-0068456		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/30/2009
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 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 47 year old female who reported low back and hip pain from injury sustained on 04/30/09 while doing her usual and customary duties. EMG and NCS were unremarkable. MRI of the lumbar spine revealed multilevel disc bulges with neuroforaminal narrowing. Patient was diagnosed with lumbosacral neuritis; enthesopathy of hip; pes anserinus tendinitis and internal derangement of knee. Patient was treated with medication; physical therapy and acupuncture. Per notes dated 11/5/13, patient complained of low back pain. Lumbar paraspinals are tender to palpation; spasm is present. Patient has had acupuncture treatment with some improvement in her symptoms. Per notes dated 12/3/13, patient is having increases back pain. She had an exacerbation of her low back symptoms beginning of November 28, 13. Due to the exacerbation of her low back symptoms, she is unable to fly or drive for prolonged time. Patient has restricted range of motion, muscle spasm and tenderness to palpation of the paraspinal muscles. 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. 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:

#### **12 SESSIONS OF ACUPUNCTURE FOR THE LOW BACK: Upheld**

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

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

**Decision rationale:** MTUS 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". Patient has had prior acupuncture treatment. 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 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, 12 acupuncture treatments are not medically necessary.