

<b>Case Number:</b>	CM13-0069201		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/19/1997
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 63 year old female who reported low back pain from injury sustained on 11/19/97 after lifting a cabinet overhead. The patient was diagnosed with chronic low back pain; chronic left lower extremity radicular symptoms. The patient has been treated with lumbar intradiscal electrothermix therapy; mediation and acupuncture. The patient has had 16 acupuncture sessions. Per notes dated 08/29/13, patient complained of having low back pain, primarily on the right side of her low back; there is lower thoracic and lumbar tenderness and spasm. Per notes dated 10/21/13, the patient continues to have low back pain. She has slight pain in the left leg. The acupuncture enables her to walk for longer periods of time and ride her bike. She takes less Vicodin when she is receiving acupuncture treatment. There is lower thoracic and lumbar tenderness and spasm. Primary treating physician is requesting 12 acupuncture sessions which was modified to 6 by the utilization reviewer. Patient reported symptomatic improvement and functional improvement with treatment however the effects are not sustained long term. Patient continues to have pain due to injury which was sustained over 15 years ago. She is working on modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) ACUPUNCTURE SESSIONS:** Upheld

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

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

**Decision rationale:** Per MTUS1 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 with a frequency of 1-3 times per week. Acupuncture treatments may be extended if functional improvement is documented. The patient has had prior acupuncture treatment. The patient had functional improvement with treatment; however, according to guidelines 3-6 acupuncture sessions are sufficient for functional improvement. 12 acupuncture visits were modified to 6 visits by the utilization reviewer per guidelines. 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.