

<b>Case Number:</b>	CM14-0100099		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 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 40 year old male who reported low back pain from injury sustained on 10/02/13. He was unloading packed boxes that were piled up; the boxes suddenly fell and landed on top of him, causing him to lose his balance and fall to the ground. MRI of the lumbar spine dated 01/20/14 revealed bilateral L5 spondylosis with minimal grade 1 spondylolisthesis and spondylosis at L5-S1 with no significant stenosis. Patient is diagnosed with lumbago. Patient has been treated with medication and work restriction. Per medical notes dated 04/08/14, patient complains of significant pain. He finds it difficult to stay in any position for very long. Pain is rated at 5-7/10. Per medical notes dated 05/13/14, patient complains of significant amount of back pain. Examination revealed painful sitting. He has not been able to return to work. Provider is requesting initial trial of 2X6 Acupuncture treatments which have been modified to 6 treatments by the utilization reviewer. Requested visits exceed the quantity supported by cited guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 6 visits for the lumbar 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". Patient has not had prior Acupuncture treatment. Provider is requesting initial trial of 12 acupuncture treatments which have been modified by the utilization reviewer to 6 treatments. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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 guidelines and review of evidence, 2X6 Acupuncture visits are not medically necessary.