

<b>Case Number:</b>	CM14-0103147		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/28/2008
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 licensed 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:

The injured worker is a 65 year old male who reported neck, low back, right shoulder and hip pain from injury sustained on 01/28/08/ Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with cervical spine sprain/strain; lumbar spine sprain/strain; depression; anxiety; status post bilateral carpal tunnel release; right shoulder impingement and lumbar degenerative disc disease with left radiculopathy. Patient has been treated with medication and surgery. The only medical notes provided for review were dated 09/28/13. Per medical notes patient complains of persistent, moderate to severe low back pain rated at 8-9/10. Pain is almost the same as it was prior to L3-5 discectomy (2012). He also has pain and tingling in his left hip which radiates down his left leg. Pain is rated at 6/10. He is unable to stand for long period of time and his ability to walk is limited. It is unclear if the patient has had prior Acupuncture treatment. Primary physician is requesting 6 acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture six (6) sessions, lumbar:** 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". It is unclear if the patient has had prior Acupuncture treatment. Primary physician is requesting 6 acupuncture treatments. Per guidelines acupuncture is used as option when pain medication is reduced or not tolerated which is not documented in the provided medical notes. Acupuncture is used as an adjunct to physical rehabilitation which was also not documented in the notes. Medical notes fail to document functional improvement with prior acupuncture sessions (if any administered). 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, 6 Acupuncture visits are not medically necessary.