

<b>Case Number:</b>	CM14-0108062		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 41 year old male who reported low back pain from injury sustained on 06/01/11 due to repetitive lifting injury. There were no diagnostic imaging reports. Patient is diagnosed with lumbar disc syndrome without myelopathy; radicular syndrome lower extremity; sprain/strain of sacroiliac (SI) joints; status post spine surgery at L5-S1. Patient has been treated with medication, therapy and acupuncture. Medical records contained medical notes dated 01/15/14. Per medical notes dated 01/15/14, patient complains of low back pain that radiates to bilateral lower extremity with associated numbness. Pain is rated at 6-7/10 with numbness of lower extremity rated 4/10. Pain is described as aching, stabbing and constant in nature which is worse in the morning. Examination revealed muscle spasm upon palpation of lumbar spine musculature and decreased range of motion. Per utilization review, patient has been approved of 6 acupuncture sessions dated 08/30/13. Provider is requesting additional 2 times 4 acupuncture sessions for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions (lumbar) 2 times 4:** 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". Per utilization review, patient has been approved of 6 acupuncture sessions dated 08/30/13. Provider is requesting additional 2 times 4 acupuncture sessions for the low back. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/rendered that would substantiate a medical indication for additional care. 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. 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 or decrease in medication intake. Per review of evidence and guidelines, additional 2 times 4 acupuncture treatments are not medically necessary.