

<b>Case Number:</b>	CM14-0108159		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/19/2008
<b>Decision Date:</b>	08/29/2014	<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 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 68 year old female who reported head, neck, low back and ankle pain from injury sustained on 08/19/08 when she was hit by her car while to was being stolen. MRI of the lumbar spine revealed multilevel degenerative disc disease at L3-4, L4-5 and L5-S1 and L5-S1 extrusion with S1 never impingement. EMG revealed bilateral lumbosacral radiculopathy. Patient is diagnosed with multi level lumbar disc derangement; lumbar radiculopathy; status post head trauma with concussion and seizures and Cervical spine degenerative disc disease. Patient has been treated with medication. Per medical notes dated 01/07/14, patient continues to suffer from headaches and frequent seizure episode despite being on current medication regimen. Overall her daily headache condition is controlled as well as her current chronic pain in her neck, low back on her current medication regimen. Per medical notes dated 06/14/14, patient has continued low back pain, headaches with no seizures for the last month. Provider is requesting initial trial of 6 acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Acupuncture Visits:** 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 recommending initial trial of acupuncture. Patient has neck pain, low back pain, headaches and seizures, the medical records are unclear on where the acupuncture treatment would be administered. ODG guidelines do not recommend acupuncture for neck pain. Acupuncture is used as option when pain medication is reduced and not tolerated which is not documented in the medical records. It can be used as an adjunct to physical rehabilitation which was not documented in the records. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.