

<b>Case Number:</b>	CM14-0109914		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/15/2014
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 27 year old male who reported mid back and low back pain from injury sustained on 04/15/14 while picking up a package weighing 125-130 lbs. There were no diagnostic imaging reports. Patient is diagnosed with thoracic spine sprain/strain and lumbar spine sprain/strain with radicular complaints. Patient has been treated with medication and physical therapy. Per medical notes dated 06/11/14, patient complains of intermittent moderate pain in his low back radiating to bilateral legs and knees. Pain is aggravated by prolonged sitting, standing, walking and bending. Pain is associated with numbness in the low back and numbness and weakness in the knees. Examination revealed increased tone and tenderness about the paralumbar musculature with tenderness at the midline thoracolumbar junction. There are muscle spasms with decreased range of motion. Provider is requesting initial trial of 8 acupuncture treatments which were modified to 6 by the utilization reviewer. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Initial Acupuncture visits for the Lumbar Spine, (2 times a week for 4 weeks): 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. 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, 8 Acupuncture visits are not medically necessary.