

<b>Case Number:</b>	CM14-0011212		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/02/2007
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 Acupuncture, has a subspecialty in Addiction Detoxification, 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 applicant is a male employee who has filed a claim for an injury to his lumbar and thoracic spine. The incident occurred on August 2, 2007 while lifting heavy cases of product and moving it around on shelves and injured his lumbar and thoracic region. Apparently, on September 24, 2007, he was involved in another incident where he stepped wrong and twisted his left foot and ankle while making a delivery. As per the most recent notes provided, dated January 17, 2014, he continues to suffer with a pain in his back and left ankle. Upon the treating physician's physical examination, the applicant's left ankle is swollen and he walks with a limp and uses a walking boot. On January 17, 2013, the physician submitted a request for an additional twelve acupuncture treatments to address the applicant's "flare-up" of his condition, stating the applicant had relief, increased function, and a decrease in medication from the prior sixteen acupuncture treatments. Since the incident, the applicant's treatment consisted of, but not limited to orthopedic, chiropractic and twenty-four acupuncture care, physical therapy and rehabilitation, pain and anti-inflammatory medication. In the utilization review report, dated January 17, 2014, the UR determination was unable to approve these twelve acupuncture sessions, but modified the request to three stating the applicant's new complaints is considered a "flare-up" of his past injuries. Since the previous acupuncture proved to increase applicants function and decrease his use of medication, it is reasonable to modify the original request for a trial number of visits to produce functional improvement, as defined by MTUS. The physician advisor referenced MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTRO ACUPUNCTURE 2 X 6 WITH INFARED AND MYOFASIAL RELEASE  
LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Additional acupuncture care is evaluated utilizing the Acupuncture Medical Treatment Guidelines for acupuncture, including the definition of "functional improvement". This applicant has received sixteen previously approved acupuncture sessions. This current request is for an additional twelve acupuncture sessions and is considered based on "functional improvement" of the applicant. Unfortunately, the treating physician neglected to provide enough clinical data to demonstrate sufficiently functional improvement prior to his request on January 17, 2014 defined in the Acupuncture Medical Treatment Guidelines. The treating physician has referred to improvements in function, but has not provided specific measures of any function. Improvement must be "clinically significant". There is a lack of clinical information regarding significant improvement in activities of daily living or reduction in work requirements. The request for electro-acupuncture with infrared and myofascial release to the lumbar spine, twice weekly for three weeks, is not medically necessary or appropriate.