

<b>Case Number:</b>	CM14-0122867		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 39 year old female who reported low back pain with associated leg pain from an injury sustained on 04/18/2013. Her injury was caused when she stepped on a mat just as another employee was picking up the mat causing her to fall on her face. Per medical report dated 06/27/14, MRI of the lumbar spine revealed an annular tear at L4-5 and L5-S1 level with congenital stenosis most notable at L4-5 with mild to moderate lateral recess stenosis. Patient is diagnosed with low back pain. Patient has been treated with medication, Chiropractic, epidural steroid injection at L4-5 and L5-S1, and shockwave treatment. She states the shockwave treatment was ineffective. Per medical notes dated 03/21/14, patient complains of severe back pain with radiating pain down her right leg with numbness which is triggered by prolonged standing. Medical report also indicates that patient is experiencing tenderness to palpation in the iliolumbar region, decreased sensation lateral leg and dorsum of foot (L5) and sole of foot and posterior leg (S1). Patient complains that she remains symptomatic and self-treats with ice, heat, medications, stretching and exercise. Primary treating physician has stated that he would like for the patient to return to work with the with restrictions. Primary treating physician requested 12 visits which were modified to 6 visits by the utilization reviewer per guidelines. 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:

**Acupuncture 12 sessions:** 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 pages 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. 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, 12 acupuncture treatments are not medically necessary.