

<b>Case Number:</b>	CM14-0127461		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 and Acupuncture Services 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 29 year old female who reported low back pain from injury sustained on 03/01/12. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with lumbosacral L5-S1 4mm disc protrusion, Lumbar degenerative disc disease and Lumbar radiculitis. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 07/07/14, patient complains of intermittent mild to moderate discomfort in her low back that is worse with prolonged sitting and forward bending. Pain is better with rest and lying down. She has stiff, sharp, stabbing pain that remains isolated to the lumbar spine. She denies any radiation of pain in the lower extremities and denies having any associated numbness, tingling or weakness in lower extremity. Examination revealed minimal tenderness around L5 upon palpation, minimal spasms are detected. She has full range of motion and full strength in the lower extremities. Patient had 6-12 acupuncture treatments which resulted in pain relief. Provider is requesting additional 12 acupuncture treatments for the low back pain. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment, 2 times a week for 6 weeks, lumbar spine QTY: 12.00: 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 had prior acupuncture treatment. Per medical notes dated 07/07/14, patient had 6-12 acupuncture treatments which resulted in pain relief. Patient complains of mild to moderate discomfort in her low back, with no functional deficits. Provider is requesting additional 12 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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, 2X6 acupuncture treatments are not medically necessary.