

<b>Case Number:</b>	CM14-0132665		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Chiropractic 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 24 year old female who reported low back pain from injury sustained on 10/24/13 while transferring the patient from a wheel chair to a bed using a Hoyer lift; she notes the sudden onset of low back pain. MRI of the lumbar spine was unremarkable. Patient is diagnosed with lumbosacral strain. Patient has been treated with medication, chiropractic, physical therapy and acupuncture. Per medical notes dated 07/16/14, patient complains of frequent moderate paraspinal low back pain with an associated tingling into the bilateral lower extremities posterior to the right knee greater than the left. Patient had 12 chiropractic visits, 6 acupuncture visits, 12 physical therapy visits, and all provided temporary relief. Per medical notes dated 07/30/14, patient complains of continued diffuse low back pain, numbness in the right lower extremity to the ankle. Patient has been approved for additional 6 acupuncture visits which the patient will start. The request is for additional 6 acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture 2 times a week for 3 weeks = 6 Visits for the lumbosacral area:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

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

**Decision rationale:** Per MTUS 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 07/16/14, patient had 6 acupuncture treatments which provided temporary relief. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/rendered that would substantiate a medical indication for additional care. 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, additional 2x3 acupuncture treatments are not medically necessary.