

<b>Case Number:</b>	CM14-0155847		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/15/2008
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 58 year old female who reported low back pain from injury sustained on 05/15/08 while she was reaching into a drawer and bending over. MRI of the lumbar spine dated 07/10/08 revealed prominent disc bulging at L3-4, minimal bulge at L4-5 and marked degeneration at L5-S1. Patient is diagnosed with low back pain with radiation to the right posterior leg and discogenic low back pain. Patient has been treated with medication, physical therapy and acupuncture. Per acupuncture progress notes dated 09/17/13, with acupuncture treatment she describes her pain as only dull ache rated at 4-5/10 without medication and occurs only 50% of the time. She still had a compromised range of motion and a great deal of trouble sleeping due to pain. Per medical notes dated 08/11/14, patient complains of low back pain. She did go through 2 round of acupuncture a year ago, which significantly decreased her pain. She complains of constant achy low back pain, more on the left than right. It radiates around the hips and it can radiate below the right buttock. There is no numbness or tingling. Her pain increases with walking, twisting and bending. Pain is decreased with medications. Pain has been getting worse over the last year. Provider requested additional 6 acupuncture treatments which were modified to 3 by the utilization reviewer. Patient hasn't had any long term symptomatic or functional relief with acupuncture 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **6 Sessions of Acupuncture for the Lumbar Spine: 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 acupuncture progress notes dated 09/17/13, with treatment she describes her pain as only dull ache rated at 4-5/10 without medication and occurs only 50% of the time. Per medical notes dated 08/11/14, patient complains of low Provider requested additional 6 acupuncture treatments which were modified to 3 by the utilization reviewer. Patient hasn't had any long term symptomatic or functional relief with acupuncture 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 review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.