

<b>Case Number:</b>	CM14-0158231		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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, has a subspecialty in 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 54 year old male who reported low back pain from injury sustained on 10/23/12. Mechanism of injury was not documented in the provided medical records. MRI of the lumbar spine dated 06/13/14, revealed extensive inflammation and enhancement persists in paraspinal muscles which may represent myositis. The patient is diagnosed with post laminectomy back pain and myofascial back pain. The patient has been treated with medication, status post L4-5 and L5-S1 fusion surgery and physical therapy. Per medical notes dated 09/16/14, patient complains of low back pain which is constant sharp, and sometimes dull ache pain radiating to bilateral legs. Pain is rated at 7/10. Examination revealed decreased range of motion of the lumbar spine and mild tenderness to palpation of the lumbar paraspinal muscles. Primary treating physician requested initial trial of 12 acupuncture treatments which were modified to 4 treatments by the utilization reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two (2) times per week for six (6) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, 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". The patient has not had prior acupuncture treatment. Primary treating physician requested initial trial of 12 acupuncture treatments for post-op care which was modified to 4 by the utilization reviewer. 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. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 6 x 2 acupuncture visits are not medically necessary.