

<b>Case Number:</b>	CM14-0164809		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 36 year old male who reported left elbow, arm and hand pain from injury sustained on 09/29/11 after a concrete vault broke and the metal support hit his left elbow. There were no diagnostic imaging reports. Patient is diagnosed with ulnar nerve paralysis. Patient has been treated with medication, 2 elbow surgeries, acupuncture and chiropractic. Per medical notes dated 08/27/14, patient complains of left elbow, arm and hand pain rated at 8/10. Patient is doing about the same since last visit. Pain is aggravated when he drives, lefts, turns over in bed. He states his pain is relieved when he gets adjusted, uses ice, medication and acupuncture. Examination revealed a patient which is moderately guarded. There is muscle weakness along with tenderness in the patient's left elbow, arm/hand. Chiropractic notes revealed patient's prognosis is poor because he is chronic and experiencing mixed results. Provider requested additional acupuncture X4 for low back pain. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 time a week for 4 weeks for 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. Provider is requesting additional 4 acupuncture sessions for low back pain; however, medical notes fail to document function deficits for low back pain or subjective complains which would necessitate acupuncture session. There is lack of evidence that prior acupuncture care was of any functional benefit. 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, 4 acupuncture treatments for Lumbar Spine are not medically necessary.