

<b>Case Number:</b>	CM14-0172619		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	11/02/1989
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 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 67 year old female who reported right knee and low back pain from injury sustained on 11/02/89 after jumping from the bus exit. Patient is diagnosed with chronic cervical sprain/strain, status post cervical spine fusion; right shoulder impingement syndrome; chronic lumbar sprain/strain; lumbar stenosis and spondylosis; multilevel disc bulging; C3-4 disc protrusion and insomnia. Patient has been treated with medication, epidural injection and acupuncture. Per medical notes dated 05/02/14, patient complains of increased symptomatology to the low back with intermittent radiation to eh lower extremity. She describes stabbing low back pain with pins and needles sensation in her legs. Neck pain continues. She complains of stabbing neck pain with numbness in her upper extremity. Pain in the neck is rated at 6/10 and low back at 7/10. Per medical notes dated 08/08/14, patient complains of stabbing neck pain rated at 4/10 with numbness in right arm rated at 4/10. She also complains of achy low back pain rated at 2/10. She is attending acupuncture therapy which she states is helping. Patient has completed 7of 8 acupuncture visits which has decreased her neck pain. Patient had received an epidural injection which decreased her pain from 9/10 to 1/10. Provider requested additional 8 acupuncture sessions of cervical and lumbar spine. 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:

**Outpatient acupuncture (Acu) treatments eight (8) sessions for the cervical and lumbar spines.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Acupuncture

**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 08/08/14, patient has completed 7 of her 8 visits which she states has decreased her neck pain. Provider requested additional 8 acupuncture treatments for neck and 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. 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. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.