

<b>Case Number:</b>	CM14-0178347		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	07/02/2005
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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, 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 69 year old male who reported neck and low back pain from injury sustained on 07/02/05. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. The patient is diagnosed with cervical spine spondylosis and lumbar herniated disc. The patient has been treated with medication, physical therapy, chiropractic and acupuncture. Per medical notes dated 07/14/14, patient continues to experience pain in the low back especially at night. He indicates acupuncture has been helpful and pain is rated at 8/10. Per medical notes dated 09/11/14, the patient has completed 12 sessions of acupuncture, he states acupuncture has been very helpful. He continues to have neck and low back pain with increased activity. Per medical notes dated 10/06/14, the patient continues to experience pain in the cervical and lumbar spine. He has pain with increased activity levels and prolonged position. He has numbness and tingling for bilateral lower extremity. The patient state he is experiencing pain rated at 7/10 and has limitations in his activities of daily living. The provider requested additional 2 x 6 acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks to 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". The patient has had prior acupuncture treatment. Per medical notes dated 07/14/14, patient continues to experience pain in the low back especially at night. He indicates acupuncture has been helpful and pain is rated at 8/10. Per medical notes dated 09/11/14, the patient has completed 12 sessions of acupuncture and stated that acupuncture has been very helpful. He continues to have neck and low back pain with increased activity. 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, this request is not medically necessary.