

<b>Case Number:</b>	CM14-0026642		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/23/1987
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 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 74 year old male who reports low back pain as well as alternating left and right leg sciatica resulting from a work related injury on 11/23/1987. This is a chronic injury, mechanism is unknown. Diagnostic imaging reports were not made available for review, however, per progress note dated 02/11/2014 a distant CT of the lumbosacral spine revealed the presence of widespread mild recurrent degenerative disc disease. Patient is diagnosed with failed back syndrome with intractable low back and bilateral leg pain, s/p implantation continuous infusion intra-theal analgesic pump; s/p cerebrovascular accident; anticoagulated on Plavix; diabetes mellitus type II; cardiac disease; large ventral incisional hernia requiring surgical repair; severe reactive depression secondary to chronic pain with intermittent suicidal. Per physicians notes dated 02/11/2014 patient experiences a significant reduction in pain and a reduction in use of oral opiates. Patient has been treated with medication, Acupuncture, injection and medications pump. Primary treating physician requested 2 series of acupuncture consisting of 12 sessions each which was modified to 1 series of acupuncture consisting of 12 sessions 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 x 2 series of 12 sessions each series:** 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 physicians notes dated 02/11/2014 patient experiences a significant reduction in pain and a reduction in use of oral opiates. Primary treating physician requested 2 series of acupuncture consisting of 12 sessions each which was modified to 1 series of acupuncture consisting of 12 sessions by the utilization reviewer. 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. Requested visits exceed the quantity supported by cites guidelines. Per review of evidence and guidelines, 2 series of acupuncture consisting of 12 sessions each are not medically necessary.