

<b>Case Number:</b>	CM14-0028703		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	02/11/2009
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Services 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 70 year old female who reported low back and left hip pain from injury sustained on 02/11/09. She was assisting with transfer of a patient when she lost her balance and fell due to wet floor, she hit her head and back on night stand. There were no diagnostic imaging reports. Patient is diagnosed with lumbar spine sprain/strain; facetogenic pain; lumbar radiculopathy and bilateral SI joint tenderness. Patient has been treated with medication, chiropractic, physical therapy and acupuncture. Per medical notes dated 11/4/13, patient complains of low back pain that radiated down to her left leg. Pain is rated at 6-7/10. Pain is constant with aching and throbbing sensation. She has weakness when walking due to pain. Any prolonged standing, walking or sitting worsens her pain. She has had acupuncture in the past 2 months with relief in pain. Per medical notes dated 11/27/13, patient had acupuncture in the past am dot was helpful in decreasing her low back pain; she was able to walk more and do more exercises when receiving acupuncture. Provider is requesting additional 8 acupuncture treatments which have been modified to 4 by the utilization reviewer. Per medical notes dated 03/06/14, patient complains of low back pain rated at 8/10, pain is characterized as aching and throbbing. 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, 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:

## **8 SESSIONS OF ACUPUNCTURE:** 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 medical note dated 11/04/13, she has had acupuncture in the past 2 months with relief in pain. Per medical notes dated 11/27/13, patient had acupuncture in the past and it was helpful in decreasing her low back pain; she was able to walk more and do more exercises when receiving acupuncture. Provider is requesting additional 8 acupuncture treatments which have been modified to 4 by the utilization reviewer. Per guidelines 3-6 acupuncture treatments are sufficient to have functional improvement; 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. 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, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.