

<b>Case Number:</b>	CM14-0029224		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Occupational & Preventative Medicine 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 patient is a 66-year-old male born on 01/02/1948. On 08/21/2013, the patient was pulling large plastic containers to a stock room when he fell over a step in the doorway in the pharmacy, striking his lower back. He has treated with acupuncture, chiropractic, medicine, and physical therapy. He presented for medical care on 08/21/2013 with the complaint of pain in the lower back with a numbing radiation down the lateral extremities with pain severity noted as 8/10. Following examination on 08/21/2013, the patient was diagnosed with lower back contusion, lumbar sprain/strain, back muscle spasm, lumbar radiculopathy, and degenerative disc disease, and he was dispensed medications. The patient was seen in follow-up examination on 09/16/2013 with neck and back pain and it was rated 9/10. He reported 3 chiropractic treatments with no help. The patient was currently off work. Per examination on 09/16/2013 the posterior cervical area was nontender, there was paracervical and trapezius muscle tenderness, cervical range of motion was flexion 30/45 and extension 30/55, no evidence of paracervical muscle weakness, no weakness in the lower extremities, tenderness noted in the thoracolumbar spine and paravertebral musculature, back motion was flexion with fingertips approximating the knee and extension 15/30, heel/toe ambulation with difficulty, upper and lower extremity DTRs 2/4 bilaterally, upper and lower extremity sensation intact to light touch and pinprick, and no weakness of the upper extremities or back muscles. Diagnoses were noted as cervical sprain/strain, lumbar sprain/strain, and neck muscle spasm. The record of 09/16/2013 reports the patient had reportedly failed conservative care. The patient treated with chiropractic care on 09/09/2013, 09/10/2013, 09/12/2013, and 09/24/2013. The patient underwent loadbearing lumbar MRI on 11/08/2013 with findings of disc desiccation at L1-2 through L5-S1 with associated loss of disc height at L1-2, strengthening of the lumbar lordotic curvature, L1-2, L2-3, L3-4, L4-5 and L5-S1 disc herniations with stenosis of the spinal canal, and bilateral renal cysts.

The cervical spine MRI of 11/08/2013 exhibited findings of disc desiccation C2-3 through C6-7 with loss of disc height at C5-6, strengthening of the cervical lordosis with decreased ROM in flexion and extension, C3-4, C4-5, C5-6 disc herniations with spinal canal stenosis, and bilateral mucus retention cysts. Thoracic spine MRI of 11/08/2013 exhibited findings of disc desiccation at T1-2 through T 10-11 with loss of disc height, schmorls node along the end plate of T9, hemangioma at T3 vertebral body, T7-8 focal central disc protrusion with spinal canal stenosis, and T1-2 bright tubular structure which appears to project over the right hemithorax, which may be artifactual or reflect a foreign body. Lumbar spine MRI of 12/12/2013 exhibited findings of L3-4 posterior disc bulging and L1-2 moderate severe discogenic disease. The patient treated with electroacupuncture and infrared on 01/15/2014, 01/17/2014, 01/22/2014, 01/24/2014, 01/29/2014, and 01/31/2014. The acupuncture progress report of 01/31/2014 noted by checklist fashion the patient's low back pain had improved, overall strength had improved 10%. A treatment plan of acupuncture at a frequency of 2 times per week for 4 weeks was recommended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ACUPUNCTURE TWO TIMES A WEEK FOR FOUR WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for additional acupuncture treatment at a frequency of 2 times per week for 4 weeks is not supported by Acupuncture Medical Treatment Guidelines to be medically necessary. The Acupuncture Medical Treatment Guidelines report acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There is no documentation the patient was reducing medication or medication was not tolerated, and there is no documentation acupuncture was to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery; therefore, the requested acupuncture treatment sessions are not supported to be medically necessary. Additionally, when acupuncture is supported, Acupuncture Medical Treatment Guidelines allow a 3-6 visit treatment trial to produce functional improvement, and treatment may be extended if functional improvement is documented with the 3-6 visit treatment trial. Although the patient had treated with at least 6 prior acupuncture sessions, there were no records to provide measured objective evidence of functional improvement with care already completed; therefore, additional acupuncture treatment sessions are not supported to be medically necessary.