

<b>Case Number:</b>	CM14-0030554		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/27/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Medicine, 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 41-year-old who reported low back and bilateral wrist pain from injury sustained on November 27, 2011 due to cumulative trauma while doing his usual and customary duties. MRI of the right wrist revealed enlargement of the median nerve and hypertrophic changes at base of the first metacarpal bone. MRI of the left wrist revealed borderline enlargement of the median nerve. MRI of the lumbar spine revealed multilevel disc protrusions. Patient is diagnosed with lumbosacral sprain; wrist sprain/ strain and depressive disorder. Patient has been treated with medication, chiropractic and acupuncture. Per notes dated August 13, 2013, patient complains of constant moderate to severe low back pain with radiating symptoms into his extremities, weakness in legs. Pain is rated at 9/10. Pain in bilateral wrists is rated at 7/10. Per acupuncture progress notes dated January 1, 2014, patient complains of pain in the low back rated at 7/10 and wrist at 6/10. Acupuncture progress notes dated February 18, 2014 revealed low back pain with radiation; hand and wrist pain. Pain is rated at 6/10. "Pain has improved and relief is only temporary for 1 day. 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. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE FOR THE LUMBAR SPINE, ONCE WEEKLY FOR SIX WEEKS:**  
Upheld

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

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

**Decision rationale:** According to the Acupuncture Medical treatment Guidelines, "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: three to six treatments. 2) Frequency: one to three times per week. 3) Optimum duration: one to two months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Per acupuncture progress notes, "pain has improved and relief is only temporary for one day". There is lack of evidence that prior acupuncture care was of any functional benefit. 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. According to the Acupuncture Medical Treatment 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, which were not documented. The request for acupuncture for the lumbar spine, once weekly for six weeks, is not medically necessary or appropriate.