

<b>Case Number:</b>	CM14-0030777		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 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 24 year old male who reported mid back and low back pain from injury sustained on 10/11/11 after delivering a fridge. Patient has been diagnosed with grade 1 spondylolisthesis at L5-S1; cervical sprain/strain and right L4-5 and bilateral L5-S1 foraminal narrowing and foraminal disc bulge. Patient has been treated with medication, physical therapy, chiropractic, epidural injection. Primary care is requesting initial course of 12 acupuncture sessions. Utilization reviewer modified the request to 6 initial visits which is per guidelines. Per notes dated 12/20/13, patient complaints of frequent mid back pain rated at 8/10; also complaints of frequent low back pain rated at 8/10 with radiation to bilateral lower extremity. Per notes dated 03/7/14, patient complaints of frequent low back pain rated 8/10 with numbness and tingling in right lower extremity; he states that acupuncture did not provide any relief. Patient hasn't had any long term symptomatic or functional relief with previous care. Patient continues to have pain and flare-ups.

### 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:** 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 hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) "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. Per guidelines and review of evidence, 2 X 6 Acupuncture visits are not medically necessary.