

<b>Case Number:</b>	CM14-0038151		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	12/29/2003
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 57 year old male injured on 12/29/03 due to undisclosed mechanism of injury. Current diagnoses included disorders of the sacrum, compression fracture T11, and long term medication use. The clinical notes dated 02/27/14 indicated the injured worker presented complaining of low back pain worse with activities involving bending at the waist and with prolonged sitting. The injured worker reported continuation of reduction in back pain following lumbar radiofrequency ablation ten weeks prior. However, the injured worker continued to report increased weakness in lower extremities. The injured worker completed acupuncture times six visits on 02/18/14 with continued daytime fatigue and complaints of chronic low back pain with radiation from midline into low back. Medications included Lidoderm patch, ThermaCare heat wrap, Colace, Glucosamine/Chondroitin, Protonix, Baclofen, Biofreeze, Capsaicin, Lunesta, Norco 10-325mg, Neurontin, and Aspirin. The initial request for additional acupuncture times six was non-certified on 03/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture X 6:** Upheld

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

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

**Decision rationale:** As noted in the Acupuncture Medical Treatment Guidelines, the frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed 1 to 3 times per week with an optimum duration over 1 to 2 months. Guidelines indicate that the expected time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Current guidelines recommend an initial trial period of 3 - 4 sessions over 2 weeks with evidence of objective functional improvement prior to approval of additional visits. There is no indication in the documentation the injured worker had noticeable functional improvement as a result of the previous 6 acupuncture sessions. As such the request for 6 additional visits for Acupuncture cannot be recommended as medically necessary.