

<b>Case Number:</b>	CM14-0038933		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/26/2010
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 55 year old male who reported low back pain from injury sustained on 07/26/10. Mechanism of injury is not documented in the provided medical records. MRI of the lumbar spine dated 08/12/10 revealed L4-5 facet arthropathy and secondary bone marrow reactive change indicating hyper mobility; severe left and moderately severe right foraminal stenosis due to facet arthropathy; L5-S1 moderate bilateral facet arthropathy with mild to moderate bilateral foraminal stenosis. X-rays of the lumbar spine dated 10/15/10 revealed mild-to moderate lower lumbar degenerative changes without compression fracture. Per medical note dated 02/19/14, patient complains of chronic low back pain. He reports no acute changes to his pain. Pain is rated at 4-6/10. He states that medications do help temporarily for flare-up of pain. Patient is waiting on functional restoration program appeal. Per medical notes dated 03/19/14, patient complains of chronic low back pain. Patient continues to work with restrictions and is able to tolerate this well. Patient continues with medication as needed for pain. Patient reports good relief with acupuncture; however, hasn't had it in 6 months. Primary physician is requesting additional 12 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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:

**Acupuncture sessions 1 x 12 (lumbar):** 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 notes dated 03/19/14, patient reports goof relief with acupuncture; however, hasn't had it for 6 months. 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. Furthermore 3-6 treatments are sufficient to have functional improvement; requested visits exceed the quantity recommended by cited guidelines. 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. Per review of evidence and guidelines, 1x12 acupuncture treatments are not medically necessary.