

<b>Case Number:</b>	CM14-0039835		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/20/2007
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 41 year old female who reported low back pain from injury sustained on 04/20/07. MRI of the lumbar spine revealed 3mm posterior disc bulge at L4-5 and L5-S1 without central canal or neural foraminal stenosis. Nerve conduction study of the lower extremity revealed peripheral neuropathy; moderate right peroneal neuropathy; mild right lateral plantar neuropathy and left lumbosacral neuropathy. MRI of the thoracic spine was unremarkable. Patient is diagnosed with lumbar spine sprain/strain; low back pain with radicular symptoms to the right lower extremity. Patient has been treated with medication, physical therapy and acupuncture. Patient has had prior Acupuncture treatment per medical notes dated 03/25/08. Patient was considered permanent and stationary with future medical care. Patient had an exacerbation of symptoms requiring additional treating. Primary treating physician requested 8X2 acupuncture sessions which were modified to 2X3 acupuncture sessions. Per medical notes dated 01/21/14, patient states her symptoms are worse than before. She states that last month, suddenly her right leg gave out and she fell injuring her right knee. Per medical notes dated 02/06/14, patient complains of low back pain rated 9/10 with myospasm. Examination revealed trigger points and limited range of motion of the lumbar spine. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sixteen (16) Acupuncture sessions for lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 03/25/08. Patient was considered permanent and stationary with future medical care. Patient had an exacerbation of symptoms requiring additional treating. Primary treating physician requested 8X2 acupuncture sessions which were modified to 2X3 acupuncture sessions. Per guidelines 3-6 treatments are supported for course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. 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, Sixteen (16) Acupuncture sessions for lumbar spine are not medically necessary and appropriate.