

<b>Case Number:</b>	CM14-0040491		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/11/2007
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 & 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 52 year old female who reported neck, shoulder, mid back, low back, hip, knees and ankle pain from injury sustained on 08/11/07. On 06/09/06 while performing her usual and customary duties, she slipped on a wet floor and fell forward causing a laceration to her forehead. While working for the same employer on 08/11/07, she twisted her ankle and foot while doing patient care. MRI of the lumbar spine revealed mild degenerative facet changes at L4-5 and L5-S1. EMG/NCS studies were unremarkable. X-rays of the bilateral ankles and feet revealed moderate calcaneal spurring. X-rays of the cervical spine revealed minimal spurring. X-rays of bilateral shoulder, pelvis, and bilateral hip and bilateral knees were unremarkable. Patient is diagnosed with lumbar spine strain with underlying degenerative disc disease; chronic low back pain; left hip strain; right ankle sprain; right plantar fasciitis; muscle spasm of the lower extremity. The patient has been treated with extensive medication, aquatic therapy, physical therapy and acupuncture. Per medical notes dated 11/15/11, she has completed 6 sessions of acupuncture. It helped her be able to do more activity for the next day or 2 but then she goes back to her baseline. Per medical notes dated 01/21/14, overall her symptoms are the same, she continues to have low back pain, right hip pain, spasms in the thighs and right foot and ankle pain. Per medical notes dated 03/04/14, her overall symptoms are about the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**additional acupuncture 1-2x weeks x 6wks: Upheld**

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

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

**Decision rationale:** Per MTUS, 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 is 3-6 treatments at a frequency of 1-3 times per week. Acupuncture treatments may be extended if functional improvement is documented. The patient has had prior acupuncture treatment. Primary treating physician is requesting additional 6-12 acupuncture visits which were modified by the utilization reviewer to 6 visits. Per recent medical reports dated 03/04/14, patient's symptoms overall remain the same. 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. 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, additional acupuncture treatments are not medically necessary.