

<b>Case Number:</b>	CM14-0041377		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/25/2014
<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 Board Certified in Internal Medicine 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:

Patient is an injured worker with lumbosacral back conditions. Date of injury was 04-12-2013. Mechanism of injury was moving a pallet, resulting in back injury. Primary treating physician progress report PR2 dated 3/6/14 was provided by [REDACTED]. Subjective complaints included complaints of back pain and stiffness, no sciatica pain. Medications included Vimovo, Duragesic, Dilaudid, Toradol. Past medical history includes status post dual lead spinal cord stimulator implant on 12/3/10; L4-L5 hemilaminectomy and foraminotomy, discectomy with fusion with anteriorly placed cage performed on October 9, 2002; rotator cuff surgery 2004. Physical examination findings included a well healed midline and left gluteal scar minimally tender no. Inspection of the bilateral lower limbs reveals normal symmetry, bulk, and tone. Range of motion was limited by pain to flexion 15 degrees, extension 10 degrees. Gait stands with mild difficulty, non-analgesic. Diagnoses included status post L3-4 discectomy and laminectomy; status post L4-5 hemilaminotomy, discectomy, foraminotomy, and anterior fusion with cages; muscle spasm; spinal stenosis L4-5 and L3-4; multilevel disc degeneration most severe at the L5-S1 through L3-4 areas; right hip sprain; facet spondylosis pain L5-S1 and L3-L4. Treatment plan included Duragesic, Dilaudid, Vimovo, Toradol. Disability status was permanent and stationary. Progress report dated 03-13-2014 documented modified work with a lifting restriction of 25 pounds. Utilization review decision date was 03-25-2014. Utilization review letter dated March 21, 2014 documented that the patient was treated with acupuncture and had six sessions authorized on 11/05/13. Six more acupuncture visits were authorized on 12/30/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 additional acupuncture visits for lumbar spine:** Upheld

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

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

**Decision rationale:** Medical treatment utilization schedule Acupuncture Medical Treatment Guidelines recommends that the optimum duration for acupuncture is 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. The MTUS defines functional improvement as either a clinically significant improvement in activities of daily living or a reduction in work restrictions, as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. Medical records document that the patient has completed 12 acupuncture treatment visits in the period beginning 11/05/13. Progress report 3/6/14 documented that the patient is permanent and stationary. Progress report dated 3/13/14 documented modified work with a lifting restriction of 25 pounds. Medical records do not document improvement in activities of daily living or a reduction in work restrictions - which are required by MTUS guidelines. Therefore, the medical records do not support the medical necessity of additional acupuncture treatments. Therefore, the request for 6 additional acupuncture visits for lumbar spine is not medically necessary.