

<b>Case Number:</b>	CM14-0044549		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/11/2007
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 45 year old male who reported low back pain from injury sustained on 09/11/07. Mechanism of injury is unknown. MRI(2009) of the lumbar spine revealed L4-5 4-5mm posterior disc bulge with focal disc extrusion traveling 3 mm in caudal direction resulting in mild- moderate left and right neuroforaminal narrowing and facet hypertrophy; L5-S1 moderate to severe bilateral neuroforaminal narrowing secondary to 5mm posterior disc bulge and facet hypertrophy. Patient is diagnosed with Lumbosacral neuritis; low back pain; radiculitis of right lower extremity. Patient has been treated with therapy, epidural injection and medication. Per medical notes dated 09/09/13, patient is following up for low back pain. He reports no changes in his symptoms of continued pain. Patient has antalgic gait and tenderness to palpation with decreased range of motion upon examination. Per medical notes dated 12/27/14, he continues to have pain in his low back with radiculopathy/ neuropathic pain. Per medical notes dated 02/27/14, patient complains of low back pain rated at 8/10 described as sharp, intermittent and radiating down his right leg with numbness and weakness. Pain is worse with flexion and extension; better with cold. Patient denies having prior acupuncture treatment. Provider is requesting initial course of 18 acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3x week for 6 weeks for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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 not had prior Acupuncture treatment. Per medical notes dated 02/07/14, patient complains of low back pain rated 8/10; patient denies having prior acupuncture. Provider is requesting initial trial of 18 acupuncture sessions. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial 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, 18 Acupuncture visits are not medically necessary.