

<b>Case Number:</b>	CM14-0045187		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/11/2010
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Chiropractic Medicine 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 66 year old female who reported back, neck, hip pain from injury sustained on 02/11/10 due to a slip and fall. Patient is diagnosed with left hip internal derangement; lumbar radiculopathy, status post laminectomy and cervical radiculopathy. Radiographs of the right hip revealed osteoarthritis. Radiographs of the cervical and lumbar spine revealed significant disc degeneration. MRI of the lumbar spine revealed multilevel spondylosis changes including extruded disc herniation at L3-4. Patient has been treated with medication, lumbar decompression surgery, acupuncture. Per medication notes dated 03/11/14, patient complains of ongoing low back pain, bilateral knee pain. Cervical and lumbar paraspinal are tender to palpation with decreased range of motion. Per medical notes dated 06/05/14, patient complains of pain in her neck, worsened with movement. She also complains of occasional pain and numbness. She has constant pain in her lower back, left greater than the right. Pain is worsened with most activities including prolonged sitting, standing, walking, bending and stooping. Primary physician is requesting additional 12 acupuncture sessions. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the back, neck, hips, left leg, lower left extremity and buttocks three times a week for four weeks:** Upheld

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

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

**Decision rationale:** According to the Acupuncture Medical Treatment Guidelines, 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: three to six treatments. 2) Frequency: one to three times per week. 3) Optimum duration: one to two months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. According to the Acupuncture Medical Treatment 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. The request for Acupuncture for the back, neck, hips, left leg, lower left extremity and buttocks three times a week for four weeks is not medically necessary or appropriate.