

<b>Case Number:</b>	CM14-0046271		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/23/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	03/13/2014
<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 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 49 year old male who reported low back pain from injury sustained on 06/23/12 after lifting a car wheel by the rim. MRI of the lumbar spine revealed degenerative changes due to a combination of facet and ligamentum flavum hypertrophy with disc bulges at L4-5 and L5-S1. X-rays of the lumbar spine revealed discogenic spondylosis, moderate L5-S1 and mild from L1 to L5 and mild degenerative arthrosis at L4-5. X-rays of bilateral hips revealed mild degenerative arthrosis of femoroacetabular joint. Patient is diagnosed with degenerative disc disease at L4-5 and L5-S1 with left leg and foot drop. Per medical notes dated 06/18/14, patient complains of severe low back pain rated 8-9/10. Patient complains of bilateral lower extremity radicular symptoms. Patient complains of pain radiating down the left testicle and reports no changes overall. Per medical notes dated 02/10/14, patient complains of low back pain, described as burning and sharp which radiates down bilateral lower extremity. Patient complains of numbness, tingling and weakness. Examination revealed tenderness and spasms over bilateral lumbar and lumbosacral area. Primary treating physician requested initial trial of 12 acupuncture sessions which were modified to 6 sessions by the utilization reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times per week for 6 weeks Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127, Acupuncture Treatment Guidelines.

**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. Provider had requested initial trial of 12 acupuncture sessions which were modified to 6 by the utilization reviewer on 03/13/14. 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, 12 Acupuncture visits are not medically necessary.