

<b>Case Number:</b>	CM14-0046285		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/30/2001
<b>Decision Date:</b>	10/16/2014	<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 Board Certified 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 64 year old female who reported low back pain from injury sustained on 08/30/01 due to slip and fall. There were no diagnostic imaging reports. Patient is diagnosed with lumbar spondylosis. Patient has been treated with epidural injections, lumbar facet block, medication, physical therapy, aquatic therapy and acupuncture. Per medical notes dated 02/28/14, patient was able to attend acupuncture twice/week and felt a drastic increase in her function level. Acupuncture helped her to better perform function such as picking things up off the floor, overall range of motion and flexibility. Since the acupuncture ended, she has noticed her pain is beginning to return. Per utilization denial appeal dated 03/31/14, patient complains of low back pain. She denies radicular symptoms. She notes her pain is aggravated with moving. Pain is rated at 5/10 with medication; they do help improve her pain and function, without medication she would not be able to do any exercises. She notes that she was doing much better when she goes for acupuncture. Acupuncture reduced her pain and improves her function of daily living such as bending, walking and light activity. Provider is requesting additional 12 acupuncture sessions. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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 to the lower back for 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain 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 had prior acupuncture treatment. Per medical notes dated 02/28/14, acupuncture helped her to better perform function such as picking things up off the floor, overall range of motion and flexibility. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. Per utilization denial appeal letter dated 03/31/14, since the acupuncture ended, she has noticed her pain beginning to return. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. MTUS guidelines do not recommend acupuncture for maintenance care. Per medical notes dated 03/31/14, her pain is rated at 5/10 with medication; do help improve her pain and function, without medication she would not be able to do any exercises. 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. Furthermore, requested visits exceed the quantity supported by cited guidelines; as 3-6 visits are sufficient for functional improvement. 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 12 acupuncture treatments are not medically necessary.