

<b>Case Number:</b>	CM14-0048087		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	10/09/2006
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 66 year old female who reported low back pain from injury sustained on 10/09/06. Mechanism of injury is unknown. Patient is diagnosed with Spondylosis and discogenic syndrome. MRI (01/22/14) of the lumbar spine revealed chronic degenerative discopathy lumbar spondylosis (L3-4 through L5-S1); decompression laminectomy at L4-5 and L5-S1 without central stenosis and foraminal stenosis at L3-4. Patient has been treated with surgery; medication; therapy and acupuncture. Per medical notes dated 03/13/14, patient complains of increased low back pain and increased limp with standing and walking. Primary provider is requesting additional 12 acupuncture treatments. On 01/08/14, 6 acupuncture sessions were authorized; however, number of visits administered was not documented. Acupuncture progress notes were not included in the records for review. Per medical notes dated 05/01/14, patient complains of increased low back pain and left radicular pain. She has decreased range of motion with minimal muscle spasm upon examination. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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 for 12 visits, low back:** Upheld

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

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

**Decision rationale:** Per the 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. Patient was authorized 6 acupuncture sessions on 01/08/16; number of visits administered was not documented in the provided medical records. Acupuncture progress notes were not included for review. Per medical notes dated 03/13/14, patient complains of increased low back pain and increased limp with standing and walking. Per medical notes dated 05/01/14, patient complains of increased low back pain and left radicular pain. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. 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, 12 acupuncture treatments are not medically necessary.