

<b>Case Number:</b>	CM14-0049110		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 male who reported low back pain from injury sustained on 7/15/11 while delivering items. Radiographs of the lumbar spine were unremarkable. MRI of the lumbar spine was unremarkable. The patient is diagnosed with lumbar radiculopathy and chronic low back pain. The patient has been treated with medication, physical therapy, epidural injection, and acupuncture. Per medical notes dated 1/20/14, the patient has pain in his low back with prolonged walking. The patient complains of intermittent numbness in the right lower extremity. He continues to have right lower extremity weakness and walks with a limp. Examination revealed tenderness to palpation of the paravertebral muscles at L4-5. Per medical notes dated 2/10/14, the patient complains of intermittent sharp or achy pain in the low back associated with intermittent numbness in the right lower extremity. Pain increases with prolonged sitting or standing. Examination revealed decreased range of motion and tenderness to palpation of the bilateral paravertebral muscles. The patient states he feels acupuncture was the most beneficial treatment he has had.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture (8) visits:** Upheld

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

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

**Decision rationale:** Acupuncture is used as an option when pain medication is reduced and not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce function improvement is 3-6 treatments at a frequency of 1-3 times per week with an optimum duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. The patient has had prior acupuncture treatment. Per the medical notes dated 2/10/14, the patient states that that acupuncture was most beneficial of all his treatments. However, 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. Per the 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, the request is not medically necessary.