

<b>Case Number:</b>	CM14-0049394		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/02/2011
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 67 year old male who reported neck and low back pain from injury sustained on 12/02/11. There were no diagnostic imaging reports. Patient is diagnosed with cervical discopathy; thoracic discopathy; lumbar discopathy cervical and lumbar hyper flexion and hyper extension. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 09/11/13, patient complains of significant neck pain with mild radiation to the upper extremity. He has attended acupuncture therapy; he states that he does have short-term relief with acupuncture as this has been helping alleviate his pain. Per medical notes dated 10/09/13, patient complains of pain in his neck rated at 6/10 and low back 5/10. He is currently taking pain medication. Per medical notes dated 03/12/14, patient complains of stabbing neck and low back pain rated at 6/10. He complains of stabbing left shoulder pain rated at 6/10. Pain levels fluctuate with activity. He is currently taking medication for pain and inflammation. Examination revealed decreased range of motion. Patient notes benefit from previous acupuncture. Primary physician is requesting additional 2X4 acupuncture treatments which were denied by the utilization reviewer due to lack of functional improvement with prior care. Per appeal to the utilization review dated 04/24/14, "as it is obvious that currently he is manifesting flare-up of old symptoms as evidenced by his presenting complaints and the abnormal findings in the physical examination, further care is necessary and appropriate". Medical records fail to document the cause of the recent flare up. 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 treatments 2 x 4 to cervical and lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS 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 had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Per appeal to the utilization review dated 04/24/14, "as it is obvious that currently he is manifesting flare-up of old symptoms as evidenced by his presenting complaints and the abnormal findings in the physical examination, further care is necessary and appropriate". Medical records fail to document the cause of the recent flare up. Medical notes dated 09/11/13, patient complains of significant pain with mild radiation to the upper extremity. Per medical notes dated 10/09/13, patient complains of stabbing pain in his neck rated at 6/10. Per medical notes dated 03/12/14, patient complains of neck and low back pain rated 6/10. The alleged flare-up is not recent per medical notes and the patient has had acupuncture sessions since the alleged flare-up. 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. 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, 2x4 acupuncture treatments are not medically necessary.