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| <b>Case Number:</b>   | CM14-0053201 |                              |            |
| <b>Date Assigned:</b> | 07/09/2014   | <b>Date of Injury:</b>       | 05/27/2012 |
| <b>Decision Date:</b> | 08/11/2014   | <b>UR Denial Date:</b>       | 04/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/21/2014 |

### 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 55 year old female who reported left wrist and low back pain from injury sustained on 05/27/12. MRI of the lumbar spine revealed multilevel lumbar disc disease. MRI of the left wrist revealed tear of TFC; scapholunate ligament is torn. Diagnosis is unknown. The only medical records available were the MRI reports. Per utilization review, medical notes dated 04/08/14, patient has no change since last visits: low back pain, bilateral hip pain and bilateral leg pain persists. Primary physician is requesting additional 6 acupuncture sessions for low back pain flare-up. Per utilization review, the patient has been authorized for acupuncture; however, did not make any of the visits and so, there is no information to supply about the previous acupuncture visits as there have not been any.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six additional acupuncture visits for flaring low back pain:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 hasn't had prior Acupuncture treatment. Per utilization review, the patient has been authorized for acupuncture; however, did not make any of the visits and so, there is no information to supply about the previous acupuncture visits as there have not been any. Acupuncture is used as an option when pain medication is reduced and not tolerated, which was not documented in the provided medical records. Acupuncture is used as an adjunct to physical rehabilitation which is also not documented. 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, 6 Acupuncture visits are not medically necessary.