

<b>Case Number:</b>	CM14-0061503		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 60-year-old male who reported left knee and low back pain from injury sustained on May 16, 2013 due to a physical altercation at work. X-rays of the left knee revealed medial tibiofemoral osteoarthritis. X-rays of the lumbar spine revealed grade 2 spondylolytic spondylolisthesis at L5/S1 and lower thoracic spondylosis. The patient is diagnosed with left knee strain; myofascitis; lumbar spine disc syndrome; lumbar spine radiculitis and left knee internal derangement. The patient has been treated with medication, therapy, shockwave therapy and acupuncture. According to medical notes, dated February 14, 2014, that patient has complaints of lumbar spine pain, numbness and weakness with loss of range of motion. He also complains of left knee pain, numbness, weakness and locking with loss of range of motion. According to the acupuncture progress notes dated March 12, 2014, the patient has complaints of throbbing low back pain. The patient has increased flexibility and strength. His pain is rated at 4/10 and pain radiates to the lumbar spine and knee. According to the acupuncture progress notes dated March 19, 2014, the patient has complaints of aching low back pain rated at 4/10 with radiation. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture (12 sessions): 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:** According to the Acupuncture Medical Treatment Guidelines, 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. The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. According to 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. Therefore, the request is not medically necessary.