

<b>Case Number:</b>	CM14-0066043		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/07/2001
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 a licensed Chiropractor and Acupuncturist 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 61 year old female who reported low back, right knee, and neck and shoulder pain from injury sustained on 02/07/01 due to a slip and fall. MRI of the lumbar spine revealed multilevel disc desiccation, degenerative loss of disc height at L5-S1, grade 1 retrolisthesis of L2 over L3, left laminectomy defect and post-surgical changes and multilevel disc herniation. MRI of the left shoulder revealed acromion-flat laterally down sloping, acromioclavicular joint osteoarthritis, supraspinatus/ infraspinatus tendinosis, subacromial/ subdeltoid and subcoracoid bursitis. MRI of the right shoulder revealed acromion- flat laterally sloping, acromioclavicular joint osteoarthritis, supraspinatus tear, infraspinatus tendinosis. MRI of the cervical spine revealed multilevel disc herniation. Patient is diagnosed with lumbosacral neuritis; brachial neuritis; lumbar/ lumbosacral degenerative disc disease; cervical degenerative disc disease; cervical spondylosis; rotator cuff syndrome; neuralgia/ neuritis; sciatica; carpal tunnel syndrome; ulnar nerve lesion and tarsal tunnel syndrome. Patient has been treated with medication, physical therapy, status post lumbar spine surgery (2001). Medical notes dated 02/13/14, patient complains of low back pain, right knee and neck pain. Pain level has become and continues to be intractable. Bilateral upper extremity has remained symptomatic, weak and compromised. Her functional status has declined. Per medical notes dated 05/08/14, patient complains of low back, right knee and neck pain. Pain level has become and continues to be intractable. She can barely perform simple activities of daily living. Medication barely helps with pain. Cervical spine and lumbar spine revealed spasm and decreased range of motion. Provider is requesting initial trial of 12 acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2 X 6 WKS:** 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 pages 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". The patient has not had prior acupuncture treatment. The provider is recommending initial trial of 12 acupuncture treatments which was modified to 6 by the utilization reviewer. Per guidelines, 3-6 treatments are supported for initial course of acupuncture with evidence of functional improvement prior to consideration of additional care. The requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. 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, 12 acupuncture visits are not medically necessary.