

<b>Case Number:</b>	CM14-0069098		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/17/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 65 year old male who reported neck, low back and bilateral elbow pain from injury sustained on 08/17/12 due to cumulative trauma. MRI of the lumbar spine revealed multilevel disc bulges. EMG/NCS of the lower extremity is unremarkable. Patient is diagnosed with cervical spondylosis without radiculopathy; bilateral shoulder impingement; bilateral epicondylitis; status post lumbar decompression; bilateral knee sprain with early arthrosis/ tendinitis and chronic ankle sprain. Patient has been treated with surgery, medication, chiropractic and physical therapy. Per medical notes dated 04/25/14, patient complains of ongoing pain in her lower back with pain and radiation down bilateral lower extremity. He has stiffness in his low back. He also complains of pain in his neck and arms. Examination revealed hyperesthesia in S1 distribution. Per medical notes dated 05/23/14, patient continues to complain of low back pain, along with the rest of his body such as his neck, arms, legs and feet. Neck pain is rated at 3-4/10, symptoms include stiffness, numbness, pinching and soreness radiating to his shoulders, worse on the right side. Patient complains of low back pain rated 2-6/10, bilateral shoulder pain rated at 2-5/10, bilateral knee pain rated at 2-4/10 and bilateral ankle pain rated at 2-4/10. Patient is currently experiencing difficulty performing light house work, prolonged sitting, bending and walking. Provider requested initial trial of 12 Acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the lumbar and cervical spine and bilateral elbow, 12 visits.:** 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 not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. 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.