

<b>Case Number:</b>	CM14-0074305		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/02/2005
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 low back, neck and right elbow pain from an injury sustained on 06/2/2005. He was carrying a power saw and fell down a few stairs. X-rays of the right elbow reveal some mild lateral epicondylar changes, x-rays of the cervical spine revealed mild degenerative changes and x-rays of the lumbar spine also revealed mild degenerative changes. The MRI (2005) of the lumbar spine revealed slight grade one spondylolisthesis at L3-L4 and minimal left lateral disk bulge at L3-L4. The MRI (2005) of cervical spine revealed C5-C6, C4-C5 small posterior disk bulge. The patient is diagnosed with lumbar degenerative disk disease, lumbar spine strain, chronic pain syndrome and cervical spine strain. He has been treated with medication, therapy and acupuncture. According to the medical notes dated 06/20/14 patient complains of low back pain rated at 7/10 which radiates to the right lower extremity with numbness worse while walking. Examination revealed muscle stiffness, decreased lumbar spine range of motion. Per the medical notes dated 04/10/14, the patient complains of neck and back pain rated 7/10. Low back pain radiates to right lower extremity with burning and numbness which is worse with activity. The patient reports falling due to numbness in right lower extremity. The provider is requesting acupuncture treatment 2X2 weeks to address flare up and decrease myospasm. According to the acupuncture progress notes dated 01/31/13, the patient reported that while receiving acupuncture treatment, radiation was decreased and he was able to do more chores around the house. In the acupuncture progress notes dated 01/18/13 the patient reported driving for 3 days with little to no pain with treatment. Medical reports reveal evidence of significant changes and improvement in findings, revealing a patient who has 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 2 times a week for 2 weeks for the lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to MTUS, Acupuncture Medical treatment Guidelines pages 8-9, "Acupuncture is used as an option when pain medication is reduced and not tolerated and 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. Frequency: 1-3 times per week. Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". The patient has had prior acupuncture treatment. According to the medical notes dated 4/10/14 he had flare up of low back pain due to a fall caused by numbness in his right lower extremity. The provider is requesting acupuncture treatment 2X2 weeks to address flare up and decrease myospasm. Acupuncture progress notes dated 1/31/13, state that with acupuncture treatment, the patient had decreased radiation and was able to do more chores around the house. Medical reports reveal evidence of significant changes and improvement in findings, revealing a patient who has achieved significant objective functional improvement to warrant additional treatment. Per review of evidence and guidelines, 2x2 acupuncture treatments are medically necessary.