

<b>Case Number:</b>	CM14-0076598		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/04/1987
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 69 year old female who reported low back pain from injury sustained on 08/04/87. Mechanism of injury is not documented. MRI (2006) of the lumbar spine revealed disc narrowing at L3-4 and L4-5; hypertrophic and inflammatory facet arthropathy seen on left L4-5. EMG of the lower extremity revealed bilateral S1 radiculopathy. Patient is diagnosed with chronic discogenic pain of lumbar spine and status post lumbar laminectomy; lumbar spinal stenosis. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 01/06/14, patient complains of neck, low back and bilateral upper extremity pain. She had 6 sessions of acupuncture with decrease in pain. She states less pain while doing dishes, laundry; she tried to do some vacuuming which flared up her pain. Per medical notes dated 04/14/14, patient complains of neck and low back pain. She states that she is still going to acupuncture 1X week with benefit. She notes that she did have a headache for 3 days and acupuncture helped to resolve the headache. She states that acupuncture also helps decrease her spasm in her neck and low back and also helps reduce some of the sciatic pain in the lower extremity. She reports decreased numbness in the toes for about 4 days after each session. She notes when she is resting and not active, her pain is tolerable and her pain increases with activity. Per medical notes dated 06/09/14, she states acupuncture was helpful. She states that it did improve her tolerance to standing and walking by 25%. She describes low back pain presents constantly and there is radiation of pain, numbness and tingling to the left foot. Patient hasn't had any long term symptomatic or functional relief with acupuncture care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x12:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 had prior acupuncture treatment. Per utilization review appeal dated 05/27/14, she states the patient reports decreased pain and improvement of functional activities such as standing, walking and sitting. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. Patient has had 18 acupuncture treatments to date; provider is requesting additional 12 treatments. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines as 3-6 treatments are sufficient to produce functional improvement and optimum duration of 1-2 months. 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. Per MTUS 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. Furthermore ODG guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, additional 12 acupuncture treatments are not medically necessary.