

<b>Case Number:</b>	CM14-0082008		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/27/2006
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Services 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 62 year old male who reported neck, low back and bilateral lower extremity pain from injury sustained on 09/27/06 after a pallet of boxes fell on him. There were no diagnostic imaging reports. Patient is diagnosed with cervicalgia, lumbago, thoracic and lumbosacral neuritis or radiculitis and thoracic spine sprain/ strain. Per medical notes dated 05/01/14, patient complains of neck and low back pain. Patient rated the pain 7/10. Pain is characterized by aching, dull, sharp and stabbing. It radiates to bilateral legs. Condition is associated with numbness. Per medical notes dated 05/16/14, patient complains of low back pain and bilateral lower extremity pain. Pain is rated at 6/10 and is characterized as aching and sharp. He states that medications are helping. Examination revealed paravertebral muscle spasm and tenderness with decreased range of motion. Provider is requesting initial trial of acupuncture treatment for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 initial acupuncture treatment of the lumbar spine, once a week for 8 weeks as an outpatient:** 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, 8 Acupuncture visits are not medically necessary and appropriate.