

<b>Case Number:</b>	CM14-0127898		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 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 57 year old female who reported low back and chest pain from injury sustained on 10/01/12. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with lumbar sprain and chest wall contusion. Patient has been treated with medication, hip injection and acupuncture. The only medical notes available for review were dated 05/06/14. Per medical notes dated 05/06/14, patient is having a significant acute exacerbation of the left side of her mid back and radiates downward. She was reaching at work when she tweaked her back. It is difficult for her to take a deep breath due to pain. Examination revealed lumbar spine paraspinal muscle tenderness. Provider requested additional 3X4 acupuncture treatments for low back pain which was denied by the utilization reviewer on 07/02/14. Per utilization reviewer, patient has had 24 acupuncture visits authorized. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3 X 4 lumbar total of 12:** 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 had prior acupuncture treatment. Medical notes dated 05/06/14, patient is having a significant acute exacerbation of the left side of her mid back and radiates downward; she was reaching at work when she tweaked her back. Provider requested additional 3X4 acupuncture treatments for low back pain which was denied by the utilization reviewer on 07/02/14. Per utilization reviewer, patient has had 24 acupuncture visits authorized. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Additional visits may be rendered if the patient has documented objective functional improvement. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 12 acupuncture treatments are not medically necessary.