

<b>Case Number:</b>	CM14-0185259		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Chiropractor (DC), 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 female who reports pain in her lower back, neck and upper back resulting from a work related injury on 12/10/2010. Patient slipped on a shoe stick and fell backwards hitting her head on a stationary post. Patient is diagnosed with cervical spine disc bulges, thoracic spine strain, lumbar spine disc bulge, other problems unrelated to current evaluation. Per physicians notes dated 09/26/2014, patient states she is experiencing numbness and tingling in her hands and feet for nearly six months due to an unknown cause. She states that there is constant pain in her neck, upper back and lower back. Neck pain radiates to her shoulders and low back pain radiates to her right leg. She states that physical therapy and chiropractic treatment have helped increase mobility and functionality. Patient has been treated with medication, Acupuncture, physical therapy, L5-S1 lumbar epidural injections, ESWT, trigger point injections, massage therapy and chiropractic care. Primary treating physician requested 6 additional visits which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the cervical, thoracic and lumbar spine-6 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 had prior acupuncture treatment. 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. Per review of evidence and guidelines, additional 6 visits are not medically necessary.