

<b>Case Number:</b>	CM14-0189281		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	12/07/2004
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 53 year old male who reported low back pain from injury sustained 12/07/04 after a slip and fall down stairs. MRI of the lumbar spine revealed central disc protrusion at L4-5 and severe bilateral facet arthropathy at L5-S1. Patient is diagnosed with low back pain, degenerative lumbar disc disease, lumbar facet joint syndrome, sciatica, bulging disc, and spinal stenosis. Patient has been treated with medication, facet blocks, injection, physical therapy and acupuncture. Per medical notes dated 06/30/14, "he is actively undergoing authorized medical acupuncture; he reports 40-50% pain relief, functional gains and ADLs". Per medical notes dated 10/27/14, patient reports constant sharp, aching and burning pain in bilateral aspects of the lumbar spine with constant numbness and tingling radiating down the posterior lateral aspect of the left lower extremity. Prolonged walking aggravates his pain whereas lying alleviates his pain. Pain is rated at 8/10. Examination revealed tenderness across lumbar spine paraspinal muscles bilaterally and limited active range of motion. Patient states that he has returned from the Philippines and his pain has progressively worsened. Injections and acupuncture help to taper down medication. The request is for additional acupuncture which was denied by the utilization reviewer. 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:

**Ext-acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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. Per medical notes dated 06/30/14, "he is actively undergoing authorized medical acupuncture; he reports 40-50% pain relief, functional gains and ADLs". The request is for additional acupuncture which was denied by the utilization reviewer. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. 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 acupuncture treatments are not medically necessary.