

<b>Case Number:</b>	CM14-0191919		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Board Certified in Chiropractic, has a subspecialty 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 27 year old male who reported neck, mid back, low back, right shoulder and right knee pain from injury sustained on 01/15/14 due to a motor vehicle accident. MRI of the lumbar spine revealed multilevel disc protrusion. Patient is diagnosed with cervical, thoracic, lumbar spine sprain/strain; right shoulder sprain/strain with impingement, bursitis, tendinitis; right wrist sprain/strain. Patient has been treated with medication, physical therapy and chiropractic. Per medical notes dated 10/07/14, patient complains of low back pain with radiation, numbness and tingling right lower extremity. Pain increases with sitting, standing, bending and stooping. Pain decreases with medication and home exercise program. Examination revealed lumbar tenderness, decreased range of motion with pain in all planes. It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Provider requested acupuncture 2x3 for cervical, thoracic, lumbar, right shoulder and right knee which was non-certified by utilization review on 10/17/14. 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 2 xs week x 3 weeks for the cervical spine, thoracic spine, lumbar spine, right shoulder and right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**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". It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Provider requested acupuncture 2X3 for cervical, thoracic, lumbar, right shoulder and right knee which was non-certified by utilization review on 10/17/14. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. 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. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.