

<b>Case Number:</b>	CM14-0193752		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	10/27/2012
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 28 year old female who reported low back pain from injury sustained on 10/27/12. On the day of her injury, she was transferring a elderly patient into the toilet, when the elderly patient started to fall she twisted and caught the patient. Patient is diagnosed with chronic pain syndrome; thoracic sprain/strain; lumbar sprain/strain with left radicular symptoms; lumbar spine degenerative disc disease. Patient has been treated with medication, chiropractic and acupuncture. Per medical notes dated 08/11/14, patient complains of low back that radiates into the thoracic spine and down into the left lower extremity. Pain is rated at 4-9/10 and is described as aching, pins and needles with numbness. Patient completed 6 acupuncture treatments. Per medical notes dated 09/26/14, patient complains of persistent low back pain rated at 4-10/10 with occasional radiation of pain into the legs. Examination revealed some muscle spasms which limited range of motion. Provider requested additional 6 acupuncture treatments which were modified to 3 treatments by the utilization review ted 10/29/14. 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 times three for the Low Back Quantity: 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Per California 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 completed 6 acupuncture treatments. Per medical notes dated 09/26/14, patient complains of persistent low back pain with occasional radiation of the pain into the legs. Pain is rated at 4-10/10. Provider requested additional 6 acupuncture treatments which were modified to 3 by the utilization review dated 10/29/14. 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, 6 acupuncture treatments are not medically necessary.