

<b>Case Number:</b>	CM14-0194922		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	04/30/2008
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 46 year old female who reported neck, right shoulder, neck and low back pain from injury sustained on 04/30/08 due to slip and fall on wet floor in the restroom. MRI of the lumbar spine revealed multilevel disc bulges. The patient is diagnosed with lumbar spine sprain/strain; status post right shoulder arthroscopy; and status post left knee arthroscopy. The patient has been treated with surgery, medication, chiropractic, acupuncture and aquatic therapy. Per medical notes dated 10/22/14, patient complains of right shoulder moderate constant burning sharp pain that radiates down to her back and arm. She reports her left knee hurts most when she is doing stairs. Examination revealed tenderness to palpation about the paralumbar musculature bilaterally, positive right sciatic tenderness. Per medical notes dated 10/22/14, she reports she had 7 of 8 sessions of acupuncture with 10% relief for several days. Provider requested additional 2 x 4 acupuncture sessions for lumbar spine which was 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 2 times a week for 4 weeks to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

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

**Decision rationale:** The patient has had prior acupuncture treatment. Per medical notes dated 10/22/14, she reports she had 7 of 8 sessions of acupuncture with 10% relief for several days. Provider requested additional 2 x 4 acupuncture sessions for lumbar spine which was non-certified by the utilization review. 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 2 x 4 acupuncture treatments are not medically necessary.