MAXIMUS Federal Services

| Case Number: | CM14-0195386 | | |
|---|---|---|---|
| Date Assigned: | 12/03/2014 | Date of Injury: | 05/02/2012 |
| Decision Date: | 01/21/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 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 Chiropractor (DC), 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:

This 22 year old female complains of discomfort involving her low back and legs stemming from a work related injury reported on 5/2/2012. It is noted that the injured worker (IW) takes Mobic and Flexeril for this discomfort, and that she had just finished a trial of electro acupuncture treatment that yielded beneficial and effective results so she is requesting more. Diagnoses include lumbosacral joint/ligament sprain and displacement of lumbar intervertebral disc without myelopathy. Treatments have included consultations; diagnostic laboratories, MRI & EMG studies; physical therapy; electro acupuncture; and medication management.Progress notes, dated 10/02/2014, noted subjective complaints of pain and discomfort involving multiple body parts, primarily involving the low back and legs. Objective findings noted a normal gait; lumbar and lumbosacral tenderness with painful range of motion and decreased flexion and extension; negative straight leg raise bilaterally; along with normal and equal deep tendon reflexes in the lower extremities. She remains temporary partially disabled with limitations. On October 23, 2014, Utilization review denied, for medical necessity, a request for electro acupuncture 2 x a week for 6 weeks, for the lumbar spine, stating that provisions that dictate the extension of acupuncture treatments is based on objective documentation of functional improvement resulting from the initial treatments. Objective documentation of significantly increased activities of daily living, reduction in work restrictions, and/or reduction in dependency of medications was not noted following the electro acupuncture treatments; nor was the total number of treatments completed. It was cited that lacking these findings, MTUS guidelines for low back complaints and acupuncture medical treatment guidelines were not met.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro acupuncture two times a week for six weeks for 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:** 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X6 acupuncture treatments are not medically necessary.