

<b>Case Number:</b>	CM14-0198175		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	02/25/1998
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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), 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 47 year old male who reported neck and low back pain from injury sustained on 01/28/98. Patient was doing repetitive heavy lifting at work which caused his low back pain; on the day of the injury, the chair backrest gave out and he fell hitting his head on the wall while at work. MRI of the lumbar spine dated 1998 revealed degenerative disc disease at L4-5 and L5-S1. Patient is diagnosed with sprain/strain of neck; sprain/strain of lumbar region; neck pain and disorders of sacrum. Patient has been treated with medication, physical therapy and acupuncture. Patient has had acupuncture treatments. Provider requested additional 6 acupuncture treatments which were non-certified by the utilization review on 10/30/14. Per medical notes dated 10/31/14, patient continues to have neck and low back pain. He continues to complain of neck pain with radiation into the upper back, as well as chronic low back. He has completed acupuncture treatments and reports that this treatment significantly improves his pain, allows him to decrease his use of medication. Patient reports an appreciable decrease in the pain and tightness in his neck and low back with an improvement in sitting tolerance, which is required of his work. He states he has 40-50% decrease in pain with acupuncture; it helps relax his back and improves his mobility. He continues to reports a decrease in back pain from 5-7/10 without acupuncture and 2-3/10 with acupuncture. Provider requested additional 6 acupuncture treatments. 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:

**6 Acupuncture visits:** Overturned

**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. Provider requested additional 6 acupuncture treatments which were non-certified by the utilization review on 10/30/14. Per medical notes dated 10/31/14, he has completed acupuncture treatments and reports that his treatment significantly improves his pain, allows him to decrease his use of medication, increased sitting tolerance which is required for his work. Medical reports reveal evidence of significant changes and improvement in findings, revealing a patient who has achieved 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 6 acupuncture treatments are medically necessary.