

<b>Case Number:</b>	CM14-0203365		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Acupuncturist, has a subspecialty in Chiropractic 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 60 year old female was a lead clerk when she sustained an injury on September 16, 2011. The injured worker was sitting when she reached overhead and experienced right rib area and lower back muscle spasms. Diagnoses included thoracic sprain/strain, right 8th rib fracture, and right sacroiliac joint arthritis. Past treatment included an anti-depressant, anti-emetic, anti-hypertensive, oral and topical pain, and proton pump inhibitor medications; physiotherapy, occupational therapy, TENS (transcutaneous electrical nerve stimulation), chiropractic therapy with electrical stimulation and deep tissue massage, acupuncture, and right sacroiliac joint injection. On October 28, 2014, a MRI of the lumbar spine revealed degenerative changes and central disc protrusions with ventral narrowing of the thecal sac at L4-5 and L5-S1. There was significant narrowing of the left lateral recess and mild narrowing of the right lateral recess, and separation of the facet joints from facet arthritis at L4-5. There was mild narrowing of the left lateral recess and separation of the facet joints from facet arthritis at L5-S1. The right lateral recess was patent at L5-S1. On November 19, 2014, the treating physician noted continuing lower back pain bilaterally, leg cramps, numbness down the front of the right leg, and neck pain bilaterally. The physical exam revealed mildly decreased range of motion of the neck, bilateral shoulders, and the lumbar spine. There were normal reflexes and mild weakness of bilateral upper extremities, and decreased sensation of C6 and C7. The physician noted that the computerized testing from October 22, 2014 had revealed plantar weakness on the right. Diagnoses included lumbar disc degeneration, lumbar radiculitis, lower back pain, rupture or herniation of lumbar disc, neck pain, cervicalgia, cervical radiculitis, dizziness, and insomnia. The physician recommended continuing acupuncture, a pain management evaluation, and pain medication. Current work status is temporarily totally disabled. The medical records refer to a course of acupuncture. The records show 1 session on May 6, 2014, which included the initial

exam. On November 27, 2014 Utilization Review non-certified a prescription for 6 visits of acupuncture for the lumbar spine requested on November 19, 2014. The acupuncture was non-certified based on lack of documentation of functional improvement or decreased pain from prior acupuncture treatment, which the guidelines require for additional acupuncture to be medically appropriate. There was no documentation of decreased usage of medication and the injured worker remained temporarily totally disabled. The California Medical Treatment Utilization Schedule (MTUS), Acupuncture guidelines was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**6 acupuncture sessions 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. Medical records document temporary relief with acupuncture. There is lack of evidence that prior acupuncture care was of any functional benefit. 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.