

<b>Case Number:</b>	CM14-0205995		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 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:

The injured worker is a 30 year old female who reported low back pain from injury sustained on 12/30/13. Mechanism of injury was not documented in the provided medical records. Electrodiagnostic studies of the lower extremity were unremarkable. Patient is diagnosed with lumbosacral radiculopathy. Patient has been treated with medication, lumbar epidural injection, and physical therapy. Per medical notes dated 10/23/14, patient is status post lumbar epidural injection provided one week ago. Patient states not much benefit so far. Examination revealed spasm, tenderness, guarding in the paravertebral muscles of the lumbar spine with loss of range of motion; decreased sensation is noted bilaterally in the S1 dermatome today. Provider requested 12 sessions of acupuncture in order to provide the patient with reduction in pain. The request was non-certified by the utilization review on 12/02/14. 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 3 x 4, lumbar:** 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 not had prior Acupuncture treatment. Provider requested initial trial of 1X12 acupuncture treatments which were non-certified by the utilization review on 12/02/14. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Acupuncture is used as an option when pain medication is decreased or not tolerated, which was not documented in the provided medical records. Per guidelines and review of evidence, 1X12 Acupuncture visits are not medically necessary.