

<b>Case Number:</b>	CM14-0209160		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/31/2005
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 62 year old female who reported neck and low back pain from injury sustained on 05/31/05. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with cervical and lumbar radiculopathy, lumbar facet arthropathy, and lumbar disc degeneration. Patient has been treated with, medication, therapy, and acupuncture. Per medical notes dated 10/30/14, patient complains of neck pain and low back pain. The pain radiates to the bilateral feel. The pain is aggravated by activity, standing, walking. Pain is rated at 6/10 with medication and 8/10 without medication. Patient's pain is unchanged since her last visit. Patient started and completed 2 acupuncture sessions with some neck and back relief. Examination revealed spasm in bilateral paraspinous musculature, range of motion was moderately limited secondary to pain. Patient has completed prior acupuncture therapy and reports improvement in pain control and functional improvement. Per medical notes dated 11/10/14, patient complains of back pain that radiates to the feet bilaterally, neck pain that radiates to the shoulder on the right side. Pain is rated at 6/10 in intensity. Per acupuncture progress notes dated 11/10/14, patient is status post electro-acupuncture and myofascial release and patient reports 20-50% overall improvement, she reports functional improvement and increased mobility. Provider requested 4 additional acupuncture treatments for cervical and 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 for the cervical and lumbar spine- 4 visits:** Upheld

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines pages 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. Per acupuncture progress notes dated 11/10/14, patient is status post electro-acupuncture and myofascial release and patient reports 20-50% overall improvement, she reports functional improvement and increased mobility. Provider requested 4 additional acupuncture treatments for cervical and lumbar spine, which was non-certified by the utilization review. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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. Per review of evidence and guidelines, additional 4 acupuncture treatments are not medically necessary.