

<b>Case Number:</b>	CM14-0076413		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/28/2003
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 46 year old male who reported low back pain from injury sustained on 07/28/03. Mechanism of injury is not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with status post L5-S1 laminectomy with disc extrusion (08/17/03); bilateral L1-S1 facet joint syndrome; bilateral SI joint dysfunction; lumbar spine radiculopathy. Patient has been treated with medication, physical therapy, surgery, and acupuncture. Per medical notes dated 04/21/14, patient complains of low back pain which is rated at 6/10. He complains of radiation and pain down the right left, all the way to the lateral aspect of the knee. Examination revealed decreased range of motion of the lumbar spine which results in a spasm at end point. Per medical notes dated 04/21/14, patient had acupuncture in the past, which has been beneficial for him. Provider requested additional 2X6 acupuncture treatments for the 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 2xwk x 6wks, 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. Per medical notes dated 04/21/14, patient had acupuncture in the past, which has been beneficial for him. Provider requested additional 2X6 acupuncture treatments for the lumbar spine which was non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. 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 12 acupuncture treatments are not medically necessary.