

<b>Case Number:</b>	CM15-0184579		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	02/14/2005
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 64 year old male who sustained an industrial injury on 02-14-2005. According to a progress report dated 08-24-2015, the injured worker continued to need to sleep sitting upright due to his low back pain. Pain was rated 3 on a scale of 1-10. He requested acupuncture therapy for his chronic pain flare ups while waiting for authorization for lumbar facets for his low back pain. He last had therapy back on 05-28-2014 and had completed 24 sessions since 2013. He reported "significant" relief with this therapy, with pain level reduced from 9 to 2 lasting one week in duration. He reported continued "significant" pain relief with Voltaren Gel. He reported continued issues with insomnia with no "significant" relief with use of Benadryl. He continued to stay active with walking 2 dogs three days a week, all household chores, cooking and yard work. He previously discontinued all oral pain meds due to gastrointestinal issues. Medications prescribed by another practice included Omeprazole, Dolcolace, Creon and Famotidine. Current medications included Voltaren Gel. The injured worker ambulated with a steady gait without use of devices. Range of motion was decreased. Facet loading bilaterally was noted. Pain with flexion, rotation and hyperextension was noted. Tenderness was noted. Diagnoses included lumbago. The treatment plan included acupuncture 1 session per week x 6 weeks. The injured worker was advised to continue activities and increase overall activity as well as stretching daily. Follow up was indicated in 30 days. An authorization request dated 08-25-2015 was submitted for review. The requested services included acupuncture x 6. On 09-08-2015, Utilization Review non-certified the request for 6 sessions of acupuncture.

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

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

**Acupuncture, 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments. 2. Frequency: 1-3 times per week. 3. Optimum duration is 1-2 months. 4. Treatments may be extended if functional improvement is documented. The medical records show that the patient has underwent previous acupuncture with improvement in pain but no documented objective improvement in function. A criterion for ongoing treatment is improvement in both pain and function. Therefore the request is not medically necessary.