

<b>Case Number:</b>	CM14-0107137		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/22/1995
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 licensed in Chiropractic and 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 an 83 year old female who reported low back pain from injury sustained on 10/22/95. She was stocking merchandise and as she was stepping off the ladder, she missed the last step and twisted her low back. There were no diagnostic imaging reports. Patient is diagnosed with spinal stenosis of lumbar spine without neurogenic claudication and lumbago. Per medical notes dated 05/01/14, patient recently completed acupuncture treatment and reports ongoing improvement with her neck and back pain. Since stopping acupuncture her pain returned. Pain is rated at 6-7/10. Range of motion of the lumbar spine is severely limited by 50% with pain and guarding; "can't really say that the functional activities are improved as she has ongoing balance issues and always uses a walker, her pain however has improved". Primary physician is requesting additional 6 acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture Qty: 6: Upheld**

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

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

**Decision rationale:** Per MTUS- 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 05/01/14, patient reports after stopping acupuncture her pain returns. Medical notes state "Can't really say that the functional activities are improved as she has ongoing balance issues and always uses a walker; her pain however has improved". 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 6 acupuncture treatments are not medically necessary.