

<b>Case Number:</b>	CM14-0119392		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/20/2006
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Chiropractics 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 a 47 year old male who reported low back pain from injury sustained on 10/20/06. Mechanism of injury is not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with chronic persistent low back pain; status post anterior lumbar interbody fusion at L4-5 and L5-S1 and moderate to severe anxiety and depression. Patient has been treated with medication, TENS, psychotherapy. Per medical notes dated 06/18/14, patient complains of low back pain that extends into bilateral lower extremity and down to the right knee. Physical examination revealed tenderness and spasm of the lumbar paraspinal muscles and tenderness to palpation of mid-lower lumbar spine. Per medical notes dated 07/18/14, patient complains of continuing upper and low back pain that extends into the bilateral lower extremity and down to right knee. Patient has focal tenderness with palpable spasm in the lumbosacral region extending cephalad to the thoracic and cervical paraspinal muscles. Provider is requesting Acupuncture Treatments 2 times a week for 6 weeks for the low back. It is unclear if the request is for initial trial of treatment or for additional treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits (if any administered).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks:** 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". Medical notes do not document if the patient has had prior acupuncture treatment or if the request is for initial trial. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits (if any administered). 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. 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, Acupuncture Treatments 2 times a week for 6 weeks are not medically necessary.