

<b>Case Number:</b>	CM14-0122671		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/04/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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, has a subspecialty in 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 51 year old male who reported low back pain from injury sustained on 08/04/13, while working as a janitor he was performing his mandatory warm-up exercises when he felt a stretching sensation of the low back. MRI of the lumbar spine dated 12/04/13 revealed disc extrusion with lateral recess stenosis, facet hypertrophy, foraminal disc protrusion and compression of the left L5 nerve root. Patient is diagnosed with lumbar strain, radiculopathy and disc herniation. Patient has been treated with medication and acupuncture. Per acupuncture reevaluation notes dated 06/24/14, patient complains of frequent, moderately severe low back pain becoming moderate radiating to the left lower extremity with numbness and tingling. Per medical notes dated 07/02/14, patient complains of constant low back pain radiating to the left leg with numbness and tingling to the toes. Patient continues to be symptomatic. Examination revealed tenderness to palpation of the paraspinal muscles, left sciatic notch, decreased range of motion with pain of the lumbar spine. Primary treating physician is requesting additional 18 acupuncture treatments. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**18 acupuncture therapy sessions for the 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. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Furthermore requested visits exceed the quantity supported by guidelines. Per review of evidence and guidelines, additional 18 acupuncture treatments are not medically necessary.