

<b>Case Number:</b>	CM14-0124354		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/21/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 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 48 year old male who reported pain in his lower back and right foot from injury sustained on 08/21/2010. The patient states that he was standing on a ladder removing plywood from a concrete wall, the plywood hit the bottom of the ladder and he fell approximately fifteen feet to the ground. X-Ray of the lumbar and thoracic spine on the same day show no abnormalities. X-Ray of the right ankle and right hip on 08/27/2010 shows no fractures. An MRI on 09/14/2010 revealed the following: fracture of the L1 vertebral body causing a mild compression deformity of the superior endplate, acute to sub-acute fracture, multilevel disc desiccation. X-ray of the lumbar spine shows the previous lumbar compression fracture which is stable on this date. A second MRI on 03/10/2011 revealed the following: The previous edema associated with the L1 vertebral body superior endplate fracture has healed with no evidence of interval progression of vertebral body compression. The rest of the lumbar spine otherwise appears identical to the previous. The patient is diagnosed with the following: Closed fracture of unspecified vertebra without spinal cord injury, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, Myalgia and myositis not otherwise specified, osteoarthritis not otherwise specified unspecified site, depressive disorder not elsewhere classified, sleep disturbance not otherwise specified. The patient has been treated with medication, epidural lumbar steroid injection, back brace, chiropractic care, physical therapy and acupuncture treatment. Per notes dated 06/11/14, patient complains of aching and a stabbing sensation in the primary area of discomfort. Pain is exacerbated by periods of increased activity and bending motions. The patient maintains that they are unable to obtain a sufficient amount of sleep despite the current treatment and is overall experiencing compromised mood due to their painful condition. Examination revealed global and regional reduced range of motion, reduced muscle strength in the hip flexor muscles, patient is unable to toe and heel walk, straight leg raise of the

affected side produces radicular symptoms, lateral rotation and extension of the spine produces concordant pain in the affected area. Primary treating physician requested 6 visits which were modified to 4 visits. The patient has had prior acupuncture treatment however there is no documented functional improvement. 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:

**Acupuncture once a week for six 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". The patient has had prior acupuncture treatment. 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.