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| <b>Case Number:</b>   | CM14-0131205 |                              |            |
| <b>Date Assigned:</b> | 08/20/2014   | <b>Date of Injury:</b>       | 10/27/2008 |
| <b>Decision Date:</b> | 10/16/2014   | <b>UR Denial Date:</b>       | 08/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/15/2014 |

### 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 Occupational Medicine 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:

This 48 year old patient had a date of injury on 10/27/2014. The mechanism of injury was he tried to prevent a loaded pallet from falling on a co-worker. In a progress noted dated 7/23/2014, the patient complains of painful lower back and problems standing. On a physical exam dated 7/23/2014, L/S range of motion was 55 flexion, extension 20. The diagnostic impression shows L4-C2 disc compression, S/P L/S symptoms of partial fusion L4-L5(1/31/2014) Treatment to date: medication therapy, behavioral modification, acupuncture, surgery A UR decision dated 8/5/2014 denied the request for Acupuncture for the lumbar spine #18, stating that the rationale and goals are unstated, and functional outcome from any prior acupuncture is not addressed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the lumbar spine, QTY: 18 sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114

**Decision rationale:** CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be 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. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. In the documentation provided, the exact number of previous acupuncture visits were unclear. Furthermore, in the latest progress report dated 7/23/2014, there was no discussion regarding whether the previous acupuncture visits produced functional improvements, or reduced medication usage and pain levels. Therefore, the request for acupuncture for the lumbar spine x18 was not medically necessary.