

<b>Case Number:</b>	CM14-0134528		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	11/30/2007
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 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 49 year old male who reported low back pain from injury sustained on 11/30/07. Mechanism of injury was not documented in the provided medical records. MRI of the lumbar spine revealed multilevel disc bulges. Patient is diagnosed with lumbar radiculopathy, lumbar spine disc disorder, lumbar facet syndrome, sacroiliac pain and spasm of muscles. The injured worker has been treated with medication, therapy and acupuncture. Per medical notes dated 05/27/14, the injured worker complains of low back pain radiating down bilateral legs. Right leg is more constant whereas left leg is intermittent. Pain level has increased since last visit. Patient reports that pain is worse with prolonged sitting more than 10 minutes. Per medical notes dated 07/29/14, the injured worker has continues low back pain and acupuncture helps the pain. Examination revealed lumbar tenderness and restricted range of motion. He has had prior acupuncture treatment. The injured worker states acupuncture has been working well to decrease flared pain and allow for improved activity tolerance, he is able walk more and longer by 15 minutes with less pain. 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:

**Six additional sessions of acupuncture 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(s) 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 07/29/14, the injured worker continues to have low back pain and acupuncture helps with pain. The injured worker states acupuncture has been working well to decrease flared pain and allow for improved activity tolerance, he is able walk more and longer by 15 minutes with less pain. He reported some improvement with acupuncture; however, 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. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. 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.