

<b>Case Number:</b>	CM14-0160959		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 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 67 year old female who reported low back pain from injury sustained on 09/13/13 due to slip and fall. MRI of the lumbar spine revealed L1-2 moderate bilateral degenerative facet disease, L2-3 minimal bilateral degenerative facet disease. Patient is diagnosed with sprain/strain of sacroiliac region. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 07/14/14, patient complains of moderate to severe low back pain which is constant and deep. She also reports some pins and needles and sharp pain on her leg. Examination revealed tenderness to palpation of the SI joint; thoracic and lumbar paraspinal muscles are tight and spasmodic. Range of motion of the lumbar spine is limited by 50% in all directions. Per medical notes dated 09/10/14, patient continues to have low back pain. Additional acupuncture was done but benefit for only few days. Initially it decreased approximately 50% of the pain. Patient complains of headaches rated 7/10, low back pain rated 7/10 on average. Provider requested additional 2X3 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:

**Additional acupuncture twice a week for three weeks (6 visits total): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture

**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. Per medical notes dated 09/10/14, patient continues to have low back pain; patient had additional acupuncture but benefit for only few days. Provider requested additional 2X3 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. 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, the request of additional acupuncture twice a week for three weeks (6 visits total) is not medically necessary and appropriate.