

<b>Case Number:</b>	CM14-0162251		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	06/12/2011
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 year old female who reported low back pain from injury sustained on 06/12/11 after working long hours for several consecutive days. There were no diagnostic imaging reports. Patient is diagnosed with rule out lumbar spine disc injury; rule out lumbar radiculopathy; protrusion at C5-6 and C6-7; and left shoulder impingement. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 08/15/14, patient complains of low back pain rated at 7/10 with right greater than left of lower extremity symptoms. Per medical notes dated 09/05/14, patient complains of low back pain rated at 7/10, neck pain 5/10 and thoracic spine pain rated at 5/10. Per medical notes dated 09/26/14, patient complains of low back pain right greater than left lower extremity symptoms rated at 6/10. Patient complains of decline in tolerance with sitting, no greater than 20 minutes. She complains of occasional instability and near falls. Patient complains of neck pain with left greater than right upper extremity symptoms rated at 6/10 and thoracic spine pain at 5/10. Provider requested additional 12 acupuncture sessions for lumbar spine pain. 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:

**Twelve (12) acupuncture visits (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. Per medical notes dated 09/26/14, patient complains of low back pain greater on the right than the left lower extremity symptoms. Pain is rated at 6/10. Provider requested additional 12 acupuncture sessions for lumbar spine. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.