

<b>Case Number:</b>	CM14-0163185		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	09/19/1991
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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, 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 60 year old male who reported low back, mid back, right leg/foot pain from injury sustained on 09/19/91. Mechanism of injury was not documented in the provided medical records. MRI of the lumbar spine dated 09/20/07 revealed degenerative changes with resultant mild central canal stenosis L1-2 and L3-4 as well as neural foraminal stenosis bilaterally at L5-S1 as well as on the left at L3-4. Patient is diagnosed with failed low back surgery syndrome, degenerative joint disease; osteoarthritis of ankle and lower leg; sprain/strain of thoracic region; lumbar radiculopathy and lumbago. Patient has been treated with surgery, medication, physical therapy, aquatic therapy and acupuncture. Per medical notes dated 08/26/14m patient reported pain decreased since last visit, consistent low back pain with radiation down lower extremity to ankle, stabbing, aching back pain with pins, needles and numbness in leg. Pain is rated at 6-7/10. Per medical notes dated 10/07/14, patient reports pain shifting to the right to left on the lower ack. He complains of thoracic pain and burning on top of left foot, cold sensation in legs, right ankle pain, back pain 8/10 and neck pain 8/10. Overall patient reports that he is getting worse. He is completing acupuncture and aquatic therapy which is helping to maintain a lower level of pain. Examination revealed tenderness to palpation of bilateral paraspinal muscles. Provider requested additional 1 times 6 acupuncture treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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 (6) sessions of acupuncture:** 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 10/07/14, overall patient reports that he is getting worse. He is completing acupuncture and aquatic therapy which is helping to maintain a lower level of 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. 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, 6 acupuncture treatments are not medically necessary.