

<b>Case Number:</b>	CM14-0167813		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	05/06/1991
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 72-year-old male who sustained an injury on 5/6/91. As per 8/14/14 report, he presented with low back pain and lower extremity pain which was limiting his activities. Examination revealed he walked with a limp and he had a fused right ankle and walked stiffly and reflexes were absent in the patellar and Achilles tendons. No objective findings related to lumbar spine were documented from this visit but exam of the lumbar spine on 5/27/14 revealed he was painful with palpation on the left side of the back and midline as well as over to the left and to a lesser degree to the right. He is currently taking Fentanyl, Oxycontin, Ambien and Duexis. Previous treatments have included medial branch blocks at L3, L4, and L5 on the right, spinal cord stimulator, and medial branch neurotomies. He reportedly attempted multiple pain medications including Nucynta. Diagnoses include facet syndrome, lumbar foraminal stenosis, lumbar degenerative disc disease, lumbar post-laminectomy syndrome, and neuropathic pain. The request for Acupuncture treatment x 12 visits, lumbar spine was denied on 9/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment x 12 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:** "Acupuncture" is 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. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, the records do not document pain medication is reduced or not tolerated. There is no documentation of acupuncture being requested as an adjunct to rehabilitation / or surgical intervention. Furthermore, the requested number of visits would exceed the guidelines recommendation. Therefore, the request for Acupuncture is not medically necessary.