

<b>Case Number:</b>	CM14-0027797		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Board Certified 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 55 year old male who reported neck and low back pain from injury sustained on 10/30/12 after being rear-ended in a motor vehicle accident. MRI (2013) of the lumbar spine revealed anterolisthesis of L4 relative to L5 with posterior disc bulging; moderately severe bilateral stenosis; disc protrusion; degenerative disc disease with moderate bilateral stenosis at L2-3. Patient is diagnosed with lumbar degenerative disc displacement with radiculopathy; cervical and thoracic sprain/strain. Patient has been treated with medication, chiropractic, epidural injections and acupuncture. Per medical notes dated 11/18/13, patient continues to report radiating pain down the right leg. Pain is rated at 6/10. He is currently taking the medication as last time. Per medical notes dated 01/08/14, patient complains of dull and aching low back pain; pain is rated at 7/10 without medication and 6/10 with medication. Pain is aggravated with activity and relieved with medication and rest. Patient also complains of dull and aching mid back pain rated at 5/10 without medication and 4/10 with medication. Neck pain is feeling better. Primary physician is requesting additional acupuncture 2-3X 4-6 weeks. 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. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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. Primary physician is requesting acupuncture 2-3X4-6 weeks. There is lack of evidence that prior acupuncture care was of any functional benefit. 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, additional acupuncture treatments are not medically necessary.