

<b>Case Number:</b>	CM14-0081722		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/29/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 68-year-old female who reported an injury on 03/29/2013 due to a fall while trying to move boxes, injuring her bilateral knees and back. The injured worker had a history of lower back, neck, left shoulder, and bilateral knee pain. The diagnosis included strain of knee, lumbar sprain/strain, somatic dysfunction of the sacroiliac joint, cervical sprain/strain, hip pain, left shoulder muscle strain, osteoarthritis of bilateral knees, and right bilateral knee contusions. The MRI dated 04/10/2014 of the lumbar spine revealed bilateral annular bulges with minimal bilateral neural foraminal narrowing at the L3-4, mild degenerative disc space narrowing at the L4-5, degenerative disc space narrowing with reactive endplate change and mild broad-based circumferential disc bulge at the L5-S1. The x-ray of the cervical spine revealed interior osteophytes to the lower cervical spine and neural foraminal stenosis at the C7. The x-ray dated 04/01/2013 of bilateral knees revealed the patellofemoral joint was bone on bone bilaterally with sclerosis and large osteophytes bilaterally. The past treatments included medications, acupuncture, x-rays, cane, ortho consult, occupational medicine, and home exercise program. The objective findings dated 05/07/2014 of the lumbar spine revealed pain and tightness to palpation at the lumbosacral region, normal gait, deep tendon reflexes of 2+, straight leg raising negative. The neurological exam of the lumbar spine revealed normal motor skills, normal sensation, normal strength, and normal reflexes. The medications included Mobic 7.5 mg and Prilosec 20 mg. No VAS provided. The treatment plan included medication and acupuncture. The Request for Authorization dated 05/08/2014 was submitted with documentation. The rationale for the acupuncture was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment for the low back, neck and left knee, 2 times a week for 6 weeks, QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical note indicated that the injured worker has had acupuncture. However, the amount of sessions was not provided. The clinical note did not address the measurable pain from the Mobic. The clinical note did not address if the injured worker was currently in physical rehabilitation. The clinical note indicated that the injured worker had not had a surgical procedure. The guidelines recommend 3 to 6 treatment. The requested 12 treatments exceed the guidelines. As such, the request is not medically necessary.