

<b>Case Number:</b>	CM14-0198452		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 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:

This home health aide sustained an injury on 8/1/13. Request(s) under consideration include Acupuncture 2 times a week for 6 weeks, Lower Extremities. Diagnoses include Lumbar strain, suspect herniated disc; and Coccydynia. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic low back symptoms. Report of 9/23/14 from the provider noted the patient with ongoing problems in the back with sitting, driving, standing, and bending. Exam showed localized tenderness in sacral and coccyx area; suspicion of disc or coccydynia; sensation and motor power are well-preserved; lumbar range of flex/ext are 50/15 degrees. Treatment plan included CT scan of lumbosacral spine, sacrum and coccyx; acupuncture; and medications. The request(s) for Acupuncture 2 times a week for 6 weeks, Lower Extremities was modified for 6 sessions on 10/23/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks, for the lower extremities:** Upheld

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

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

**Decision rationale:** X-rays of sacrum and coccyx dated 12/6/13 showed "no acute process is demonstrated in the lumbar spine; mild intervertebral disc space narrowing at L1-2." MRI of the sacrum and coccyx dated 3/20/14 showed no evidence for vertebral body fracture, subluxation, dislocation, or abnormal marrow pattern." The request(s) for Acupuncture 2 times a week for 6 weeks, Lower Extremities was modified for 6 sessions on 10/23/14. Current clinical exam show no physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture. The patient has completed therapy without functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this August 2013 injury with ongoing chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. The patient was provided with 6 sessions without report of functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach. The Acupuncture 2 times a week for 6 weeks, Lower Extremities is not medically necessary and appropriate.