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| <b>Case Number:</b>   | CM15-0170966 |                              |            |
| <b>Date Assigned:</b> | 09/11/2015   | <b>Date of Injury:</b>       | 12/28/2013 |
| <b>Decision Date:</b> | 10/15/2015   | <b>UR Denial Date:</b>       | 08/05/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/31/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 53-year-old male, with a reported date of injury of 12-28-2013. The diagnoses include lumbar radiculopathy, low back pain, and lumbar degenerative disc disease. Treatments and evaluation to date have included topical pain medication, oral medications, acupuncture therapy, physical therapy, and trigger point injections. The diagnostic studies to date have not been included in the medical records. The medical report dated 07-08-2015 indicates that the injured worker was seen for follow-up in regards to his chronic back pain and occasional left leg radicular symptoms, caused by lumbar degenerative disease and spinal stenosis and L4-5 disk herniation. The physical examination showed no acute distress, strong heel and toe walking, stiff end range forward flexion, normal knee and ankle jerk reflexes, negative straight leg raising signs, a palpable knot in the right L4-5 area with tenderness, and increased tone overall in the lumbar spine, which are almost crepitant in nature that do not stand out. It was noted that the injured worker continued to work regular duty. The medical records include seven acupuncture therapy reports from 03-04-2015 to 07-22-2015. The acupuncture report dated 07-22-2015 is handwritten and somewhat illegible. The report indicates that the injured worker was last seen three weeks prior. The injured worker stated that he was doing fairly well managing the lumbar pain. On palpation he was tight. The injured worker tolerated the needling well. The request for authorization was dated 07-30-2015. The treating physician requested six additional acupuncture visits. On 08-05-2015, Utilization Review non-certified the request for six additional acupuncture visits since the documentation does not support that the injured worker has had objective and functional improvement with the prior treatment to support additional acupuncture treatment; and there was no indication that the injured worker presented with a significant change in exam findings or an exacerbating event to justify the request.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture x 6 additional visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, and Acupuncture Treatment 2007.

**Decision rationale:** Per Acupuncture Medical Treatment Guidelines p9, "(c) 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. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20." The MTUS definition of functional improvement is as follows: "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, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." With regard to acupuncture, ACOEM states "Acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success." ACOEM p309 gives needle acupuncture an optional recommendation for evaluating and managing low back complaints. The documentation submitted for review indicates the injured worker has already had 26 sessions of acupuncture treatment but lacks evidence of functional benefit from the treatment. As such, the request is not appropriate and is not medically necessary.