

<b>Case Number:</b>	CM13-0018385		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	05/03/1985
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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 licensed in 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:

This is 61 year old male patient with severe intractable lumbar spine pain complaint. The records show the patient is using a cane to ambulate and range of motion is decreased. A request was made by the primary treating physician on 07-08-13 for acupuncture. Such request was non-certified on 08-09-13 by the UR reviewer. The rationale for the non-certification was that the patient had prior unknown acupuncture before which resulted in medication reduction and function improvement. However, the number of sessions and the function improvements were not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture of the lumbar spine (6 sessions):** Upheld

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

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

**Decision rationale:** The patient underwent 12 acupuncture sessions in 2013. The benefits were reported by the acupuncturist as mild, short term relief with acupuncture with a pain VAS of 7-8/10" (palliative, temporary relief, at best). Also, the Oswestry scores were included: pre-acupuncture score was 48 and after 12 sessions was 44, which is not a significant change. On the

other hand the PTP requested the additional acupuncture based on medication intake reduction and function improvement. Regardless of such statement, the patient continued with severe-intractable pain and no specifics on the function improvement were afforded. In addition, the PTP reported on 10-03-13 that the patient gets temporary relief from acupuncture. Current guidelines state that extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. There is no evidence of significant, objective functional improvement (quantifiable response to treatment) obtained with previous care other than temporary relief (palliative care). Without indication that the patient obtained any significant, sustained, objective benefits (like decrease of pain (Visual Analog Scale), increased endurance, increased body mechanics and ability to perform ADL (activities of daily living), increased ability to perform job-related duties, reduction of pain medication, improved sleep or reduced pain behaviors), further acupuncture is not supported for medical necessity.