

<b>Case Number:</b>	CM13-0023728		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	10/29/2004
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California, Ohio and Pennsylvania. 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 physician 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 underlying date of injury in this case is October 29, 2004. An initial physician review notes that this patient is a retired firefighter with ongoing low back pain with radicular features. The physician notes that an initial trial of acupuncture was recommended March 13, 2013 and that overall the patient has had 34 sessions of prior acupuncture with documentation of only temporary pain relief and no specific objective progress or actually decrease in lumbar flexion in some situations. The reviewer concluded that additional acupuncture was not supported by the guidelines. A physician note of August 19, 2013 notes that this patient has a herniated disc at L4-L5 with associated facet arthrosis. The provider notes that the patient that acupuncture has decreased the patient's overall pain, and he recommended an additional 12 sessions as a final treatment for his ongoing discomfort.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS, Acupuncture Medical Treatment Guidelines, Section 24.1, states, "Acupuncture treatments may be extended if functional improvement is documented as defined in section 92.20." In turn, Section 92.20 states, "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." The medical records in this case document transient subjective improvement in pain from acupuncture but do not document either functional goals or specific functional progress from acupuncture treatment. Overall, the stated rationale for acupuncture is not consistent with the treatment guidelines. Based on the medical records and treatment guidelines, this request for acupuncture exceeds the guidelines and is not medically necessary.