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| <b>Case Number:</b>   | CM13-0026055 |                              |            |
| <b>Date Assigned:</b> | 11/22/2013   | <b>Date of Injury:</b>       | 05/03/2013 |
| <b>Decision Date:</b> | 09/05/2014   | <b>UR Denial Date:</b>       | 09/06/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/18/2013 |

### 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 Board Certified in Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back and low back pain reportedly associated with an industrial injury of May 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; reportedly negative x-rays of the thoracic spine on May 3, 2013; unspecified amounts of physical therapy; chiropractic manipulative therapy; and work restrictions. It does not appear that the applicant has returned to work with set limitations in place. In a Utilization Review Report of September 6, 2013, the claims administrator denied a request for 12 sessions of acupuncture, incorrectly citing the MTUS-Adopted ACOEM Guidelines in chapter 2, 3, 9, and 11. The applicant's attorney subsequently appealed. An earlier progress note of September 5, 2013 is handwritten, not entirely legible, somewhat difficult to follow, notable for multifocal 4 to 8/10 pain. The applicant is having difficulty with headaches, dizziness, anxiety, sleeping, and depression. Topical Flector patches and several other topical compounds are endorsed while the applicant is given work restrictions. It does not appear that these limitations have been accommodated by the employer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested 12 sessions of acupuncture sought by the attending provider are not medically necessary, medically appropriate, or indicated here. As noted in the MTUS 9792.24.1.c.1, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. In this case, the attending provider has seemingly sought 12 sessions as an initial request. This represents an initial course twice that endorsed by the MTUS. This is not indicated. Since partial certifications are not permissible through the Independent Medical Review process, the request is wholly not certified. It is incidentally noted that the claims administrator did incorrectly use ACOEM here, as the MTUS acupuncture guidelines in section 9792.24.1 supersede ACOEM where acupuncture is concerned, in California. Nevertheless, since the 12-session course of treatment being proposed here cannot be supported, the request is wholly not medically necessary, on Independent Medical Review.