

<b>Case Number:</b>	CM13-0028517		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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 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 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:

This is a 39 y/o male patient with complains of persistent lower back pain (diagnoses included lumbar sprain, contusion of chest, amongst others). As the patient continued symptomatic ("persistent pain-tenderness and spasms of the thoracolumbar musculature, with reduced ROM") despite oral medication and previous therapy modalities, acupuncture x9 was recommended by the PTP (PR2 dated 09-03-13). The request was non-certified (09-12-13) by the UR reviewer without a clear explanation. The reviewer stated that it was "not medically necessary based on the documentation reviewed" without elaborating beyond such statement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3 times a week times 3 weeks for the chest:** Upheld

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

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

**Decision rationale:** In reviewing the records available (particularly the report dated 08-26-13 by Ramnik Clair, MD Physical Medicine), it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic (pain level 4-5/10) despite previous care (physical therapy x24, oral medication, chiropractic care, work modifications and self care,

amongst others) an acupuncture trial for pain management would have been reasonable and supported by the MTUS and by ODG. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the PTP requested an initial 9 acupuncture sessions, which is significantly more than the number recommended by the guidelines without documenting current extenuating circumstances (\*), the request is seen as excessive, not supported for medical necessity. \*Severe pain not responsive to medication or other treatment modalities; complications, co-morbidity factors or pre-existing conditions that would delay response to treatment, etc.