

<b>Case Number:</b>	CM13-0029324		
<b>Date Assigned:</b>	05/21/2014	<b>Date of Injury:</b>	05/08/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Acupuncture and is licensed to practice in New York. 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 female employee who has filed an industrial claim for lumbar injury that occurred on 5/8/12. On 7/24/13, the acupuncturist reported lower back pain with spasms, tenderness, and swelling. Her pain level is reported at a 4/10, where 10/10 represents excruciating pain associated with decreased range of motion. This date of service completed her twenty-fourth visit. The request is for an additional twelve sessions of acupuncture, dated 9/10/13. Her treatment to date includes acupuncture care, shockwave therapy, chiropractic care, autonomic function testing, tens unit, pain management and orthopedic consultation, and topical and oral medications. In the utilization review report, dated 9/11/13, the UR determination did not approve the twelve sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) ADDITIONAL ACUPUNCTURE SESSIONS FOR THE LOW BACK:**  
Upheld

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

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

**Decision rationale:** The applicant received acupuncture care prior to this request. According to the MTUS Guidelines, the medical necessity for any further acupuncture treatments is based on functional improvements achieved through the initial acupuncture treatments. It is evident that the treating physician neglected to provide clinically significant improvements in the applicant's daily living or a reduction in work restrictions within the medical records provided for review. Therefore, these additional twelve sessions of acupuncture therapy are not medically necessary based on the lack of documented functional improvement.