

<b>Case Number:</b>	CM13-0033649		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	12/10/2002
<b>Decision Date:</b>	02/09/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 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.

### 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 50 year old female patient with chronic pain complains of neck and lower back. Diagnoses included sprain of lumbar spine, chronic pain syndrome and cervicgia. Previous treatments included: CESI, oral medication, chiropractic-physical therapy, aqua therapy, acupuncture (unknown number of visits, gains described on 05-28-13 by [REDACTED], as "provided short term benefit"), and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture 2x6 was made on 08-27-13 by the PTP. The requested care was denied on 09-09-13 by the UR reviewer. The reviewer rationale was "acupuncture x12 is extensive...undocumented number of acupuncture session were provide in the past without reporting the functional gains obtained. Therefore, based on the MTUS, the acupuncture x12 requested in not supported for medical necessity".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x6:** 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 at least 12 acupuncture sessions in the past with gains described as "provided short term benefit" (report dated 05-28-13 by [REDACTED]). Current MTUS could support the extension of acupuncture care 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."The records reviewed reported no evidence of significant, objective functional improvement (quantifiable response to treatment) obtained with previous care which is essential to establish the reasonableness and necessity of the additional acupuncture requested. There is no indication that the patient obtained any significant 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, amongst others). Therefore, the request for additional acupuncture x12 is not supported for medical necessity.