

<b>Case Number:</b>	CM13-0039237		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/23/2008
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 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:

This is a 57-year-old patient with pain complains of lower back, bilateral knees and feet. Diagnoses included sciatica, lower back pain, knee pain, ankle pain. Previous treatments included: oral medication, physical therapy, acupuncture (unknown number of sessions with relief of symptoms that "allowed the patient to remain at work") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x8 was made on September 11, 2013 by the PTP. The requested care was denied on September 18, 2013 by the UR reviewer. The reviewer rationale was "there was no documentation of reduction of medication, or increase of activities with prior acupuncture...it is not clear the number of sessions previously rendered and there is a lack of functional gains documented with prior acupuncture care, therefore additional acupuncture is non-certified".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT SESSIONS OF ACUPUNCTURE:** Upheld

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

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

**Decision rationale:** Based on the records reviewed, the patient underwent an unknown number of acupuncture sessions with temporary relief of symptoms ("symptoms progressively return after stopping acupuncture" according to the PTP [primary treating physician] report dated June 19, 2013). Despite the reporting from the PTP that medication intake was reduced and function was improved through the acupuncture use, neither one was documented in the records reviewed. Current guidelines read extension of acupuncture care could be supported for medical necessity if, according to the Acupuncture Medical Treatment Guidelines, 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 patient continues symptomatic, taking oral medication and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for eight sessions of acupuncture, a number that exceeds the guidelines without a medical reasoning in the provided records to support such request. The request for eight sessions of acupuncture is not medically necessary or appropriate.