

<b>Case Number:</b>	CM13-0039675		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	08/06/2003
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 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 48 year old female patient with pain complaints of lower back and right shoulder. Diagnoses: lumbar spine radiculopathy, right rotator cuff tear. Previous treatments included: lumbar surgery, lumbar epidural steroid injection, oral medication, chiropractic care, physical therapy, acupuncture (number of sessions or benefits obtained were unreported), and work modifications amongst others. As the patient continued symptomatic, with reduced function-ADLs, a request for additional acupuncture x12 was made on 09-11-13 by the PTP. The requested care was conditionally non-certified on 09-30-13 by the UR reviewer. The reviewer rationale was "additional information was requested but no received from the provider in regards to the number/frequency of previous acupuncture sessions rendered and the functional benefits obtained with such care. The request will be reconsidered upon receipt of information requested".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE ACUPUNCTURE SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**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 before this request with no reported symptom or function-ADLs improvements. As the patient continued significantly symptomatic, additional acupuncture was requested by the PTP. Mandated guidelines read extension of acupuncture care could be supported 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." Without documenting significant quantifiable response to treatment obtained with previous acupuncture care and the extraordinary circumstances to support a number of sessions exceeding the guidelines, the request for acupuncture x12 is not supported for medical necessity.