

<b>Case Number:</b>	CM13-0043280		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/06/2000
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 female patient with pain complains of neck, middle and lower back. Diagnoses included cervicgia, lumbar sprain and strain, thoracic-lumbar disc displacement, amongst others. Previous treatments included: oral medication, chiropractic-physical therapy, acupuncture (unknown number of visits, reported as beneficial) and work modifications amongst others. As the patient presented a recent flare up not responsive to self care, a request for additional acupuncture 2x3 was made on 09-10-13 by the PTP. The requested care was modified on 10-02-13 by the UR reviewer to approve four sessions and non-certifying two sessions. The reviewer rationale was "per ODG guidelines acupuncture 3-4 visits in a 2 weeks period is supported for medical necessity. Additional 8-12 visits may be considered with documentation of objective functional improvement".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ACUPUNCTURE FOR THE LUMBAR SPINE 2 TIMES A WEEK FOR 3 WEEKS:**

Upheld

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

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

**Decision rationale:** Current 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." After an unknown number of prior acupuncture sessions (reported as beneficial), the patient presented a recent flare up non-responsive to self care. Although the provider indicated that previous acupuncture was beneficial, no 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. Therefore, the additional acupuncture is not supported for medical necessity.