

<b>Case Number:</b>	CM13-0044404		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois 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. 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 patient is a 51-year-old male who reported a work-related injury on 03/08/2013, specific mechanism of injury not stated. The clinical notes document the patient presents with treatment of lumbar spine pain complaints. Clinical note dated 09/26/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient has attended three sessions of six approved of acupuncture. The patient reports a 70% improvement with only three sessions of acupuncture. The provider documents he would like to recommend continuation of acupuncture twice a week for another six weeks, as well as electrodiagnostic studies, and to see the patient in clinic six weeks later.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve acupuncture treatments two times six:** Upheld

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

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

**Decision rationale:** The current request is not supported. Clinical documentation submitted for review fails to evidence significant objective functional improvement as a result of initial acupuncture for this patient at this point in his treatment. In addition, California Medical

Treatment Utilization Schedule (MTUS) Acupuncture Medical Treatment Guidelines indicates time to produce functional improvement is three to six treatments. Acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. The current request is excessive in nature. Given all the above, the request for twelve acupuncture treatments, two times six is not medically necessary or appropriate.