

<b>Case Number:</b>	CM13-0044420		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/20/2010
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 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. 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 50-year-old male patient with pain complains of neck and lower back. The diagnoses included lumbago. Previous treatments included: trigger point injections, oral medication, physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for an acupuncture trial x8 was made on 10-01-13 by the primary treating physician. The requested care was modified on 10-08-13 by the Utilization Review reviewer to approve six sessions and non-certifying two sessions. The reviewer rationale was "an acupuncture trial x6 is supported by the MTUS as medically and necessary".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 ACUPUNCTURE SESSIONS, 1 OR MORE NEEDLES WITHOUT ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE ON ONE CONTACT WITH THE PATIENT:** Upheld

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care

(physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary treating physician requested initially 8 sessions, which exceeds the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive; therefore, it is not supported for medical necessity.