

<b>Case Number:</b>	CM13-0049750		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/10/2011
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 52 year-old female patient with pain complains of the lumbar spine. Previous treatments included: epidural (LESI), oral medication, physical therapy, acupuncture (unknown number of sessions, reported as beneficial with pain reduction) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture 3x8 was made by the PTP. The requested care was denied on 09-27-13 by the UR reviewer. The reviewer rationale was that "[after acupuncture] the physical examination showed unchanged findings...objective deficits were not documented...overall response to recent acupuncture was not documented... there is no indication that the number of acupuncture sessions requested is needed. 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:

**Acupuncture (3) times a week for (8) weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The patient underwent an unknown number of acupuncture sessions without any objective improvements documented (function-ADLs improvement, medication reduction,

work restrictions reduction etc). 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 evidence of significant quantifiable response to treatment obtained with previous acupuncture care and/or the extraordinary circumstances to support a number of sessions exceeding the guidelines, the request for additional acupuncture is not supported for medical necessity.