

<b>Case Number:</b>	CM13-0053469		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/22/1987
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 71 y/o female patient with neck and back pain complains. Diagnoses included lumbosacral disc degeneration, chronic pain syndrome and lower back pain. Previous treatments included: oral medication, physical therapy, unknown number of acupuncture sessions (reported as beneficial, not specifics reported) and work modifications amongst others. As the patient was mildly symptomatic (VAS 3/10 without medication and 0/10 with medication), a request for additional acupuncture x10 (2xmonth for 5 months) was made on 10-21-13 by the PTP. The requested care was denied on 10-28-13 by the UR reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT ACUPUNCTURE TIMES TEN SESSIONS TWICE PER MONTH FOR FIVE MONTHS:** Upheld

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

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

**Decision rationale:** The current mandated guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with previous care. After an

unknown number of acupuncture sessions rendered in the past (reported as beneficial, no specifics reported), additional acupuncture was requested. The patient condition at the time of the request was mild symptoms at worse (VAS 0/10 with medication, no intolerance noted). As the goals for the additional acupuncture are undocumented/unclear, the additional acupuncture care is not supported as reasonable, medically and necessary. In addition the request is for acupuncture twice a month, care that is seen as maintenance in nature, consequently not supported for medical necessity by current guidelines. Also, the number of sessions requested exceeds the guidelines without a medical reasoning to support such request. Therefore, and based on the previously mentioned, the additional acupuncture x10 is not supported for medical necessity.