

<b>Case Number:</b>	CM13-0056445		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/06/2011
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 36 y/o female patient with pain complains of the lower back and shoulder. Diagnoses included lumbar facet arthropathy, lumbar degenerative disc disease with radiculitis. Previous treatments included: arthroscopic surgery (left shoulder), oral medication, chiropractic, physical therapy, acupuncture (18 sessions already rendered without sustained objective improvements documented other than "50% improvement for a few days") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made by the PTP on 09-23-13. The requested care was denied on 10-22-13 by the UR reviewer. The reviewer rationale was "24 acupuncture sessions were already rendered without measured evidence of functional improvement obtained/reported from prior acupuncture. Therefore the medical necessity for additional acupuncture is unsupported by the records".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Decision for additional acupuncture x6:** Upheld

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

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

**Decision rationale:** The patient underwent extensive acupuncture care in the past without any sustained, significant, 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 the request for additional acupuncture is not supported for medical necessity.