

<b>Case Number:</b>	CM13-0059808		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/13/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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:

The applicant is a female employee who has filed an industrial claim for lumbar and cervical spine pain with radiculopathy to upper and lower extremities associated with myofascitis. Claimant has been on temporary total disability status due to fibromyalgia and as per the primary treating physician report, dated 12/16/13 will remain on until 1/27/14. The mechanism of injury is not evident. Treatment has included recently aquatic therapy, psychologist evaluation and treatment, chiropractic and orthopedic care, and physical therapy sessions, tens unit, pain medication and anti-inflammatory medication, and hot/cold packs. Diagnostically she obtained a MRI of her lumbar and cervical spine, positive for disc protrusions at multiple levels and has approval for EMG/NCV study to be scheduled. Claimant is on temporary total disability status and suffers with pain in multiple body parts. The request for authorization dated 11/21/13 originally requested eight visits (2 x 4 weeks) to help with her chronic pain in her lower back and neck. In the utilization review report, dated 11/26/13, the UR determination did not approve the eight sessions of acupuncture requested, but modified this request to four visits stating that she has not had acupuncture prior and continues to have pain. The modification is in light of the MTUS guidelines regarding time (initial trial of 3-6 visits) to produce functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2 TIMES A WEEK FOR 4 WEEKS TO THE CERVICAL AND LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** Initial acupuncture care is evaluated utilizing the MTUS guidelines for acupuncture medical treatment. MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, MTUS Initial acupuncture care is evaluated utilizing the MTUS guidelines for acupuncture medical treatment. MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, MTUS states "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." Further acupuncture, beyond this initial trial will be considered based on "functional improvement", as defined by MTUS. There is no clinical data provided by the treating physician regarding a decrease or intolerance to her medication, recent involvement in physical rehabilitation program or the prolonged TTD work status is evident of a lack of a treatment program focused on functional recovery. Furthermore, there is no evidence that this claimant received acupuncture previously, however a request was submitted in June 2013, but the documentation of such visits happening, either factual or implied, do not exist. Therefore, given the MTUS guidelines for acupuncture care detailed above, including the initial trial that is less than eight visits, the original request of eight sessions of acupuncture is not medically necessary.