

<b>Case Number:</b>	CM13-0065619		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/01/2007
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 purpose of this review is to determine the necessity for twelve additional acupuncture sessions. The applicant is a male employee who has filed an industrial claim for injuries that occurred on 5/01/07. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of lower back pain and intermittent leg pain. As of 11/20/13, the primary treating physician requested an additional twelve sessions of acupuncture to treat his pain and to reduce some of his symptoms. The applicant received acupuncture treatment in the past and received relief. The applicant's current diagnosis consists of cervical and lumbosacral disc degeneration with chronic neck and low back pain. He continues at the work status of "Permanent and Stationary" with permanent disability. Treatment to date includes, but is not limited to, acupuncture, chiropractic, epidural steroid injections, Lidocaine injections, physical therapy, pain, and anti-inflammatory medications. Recently, the treating physician referred the applicant for pain management. In the utilization review report, dated 11/27/14, the UR determination did not approve the additional twelve sessions of acupuncture in light of "functional improvement" based on MTUS. Records provided do not indicate a decrease in medical intervention or measured increase in functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) ACUPUNCTURE VISITS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture care of at least twelve visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant continues to be on "Permanent and Stationary" status. Based on the lack of functional improvement, as defined by the MTUS. The request for additional twelve sessions of Acupuncture Therapy are not medically necessary.