

<b>Case Number:</b>	CM13-0070537		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/29/1999
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 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 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 42 year old female patient with pain complaints of the lower back. Diagnoses included low back pain. Previous treatments included: oral medication, back brace, aqua-physical therapy, acupuncture care (unknown number of prior sessions, gains reported as "helped reduce pain") and work modifications amongst others. As the patient was symptomatic, a request for additional acupuncture 2x4 was made on 11-26-13 by the PTP (report dated 11-13-13). The requested care was modified on 12-09-13 by the UR reviewer to approve six sessions and non-certifying two sessions. The reviewer rationale was "acupuncture x6 is supported by the MTUS as medically and necessary".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 6 SESSIONS (2X4) LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** The MTUS Acupuncture Guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The MTUS Acupuncture Guidelines indicates that 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." After an unknown number of prior acupuncture sessions (which reported as beneficial), no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the request for additional acupuncture. In addition the request is for 8 acupuncture sessions, which is a number that exceeds the MTUS Acupuncture Guidelines without a medical reasoning to support such a request. Therefore, based on the guidelines, the request is not medically necessary and appropriate.