

<b>Case Number:</b>	CM14-0008755		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Occupational Medicine 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:

The applicant is a female employee who has filed a claim for an injury to her lumbar spine with radiculopathy to her lower right extremity. The incident occurred on 10/20/10. The mechanism of injury is not specified. On 12/12/13, the treating physician reports the applicant continues with pain and spasms in her lower back that travels down her right leg down to her foot. She has limited functional tolerance for walking and uses a four point walker for ambulatory support. The physician requested additional acupuncture since prior acupuncture reduced the applicant's pain levels by 50%. Since the incident, the applicant's treatments consisted of, but not limited to orthopedic and acupuncture care, and pain, insomnia and anti-inflammatory medication. In the utilization review report, dated 1/16/14, the UR determination was unable to approve these additional twelve acupuncture sessions in light of "functional improvement", defined in the acupuncture guidelines set forth by MTUS. Evidently, the applicant had received acupuncture prior to this request. The physician advisor denied the request after determining lack of documentation in specific clinical findings of an increase in functional benefits such as managing activities of daily living or an increase in work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2X6 TO BACK:** Upheld

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

**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 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. The treating physician has referred to improvements in pain and function, but has not provided specific measures of any function. Improvement must be "clinically significant". Therefore, these additional twelve sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS. Furthermore, if the current acupuncture prescription were to be considered an initial trial, the MTUS recommends 3-6 visits as time allowed to produce functional improvement; thus being in excess of the recommendations. Therefore the request is not medically necessary.