

<b>Case Number:</b>	CM14-0009239		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Licensed 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 46-year-old female patient with pain complains of lower back. Diagnosis included acute lumbar sprain. Previous treatments included: oral medication, physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for an acupuncture trial for 12 sessions was made on 12-16-13 by the primary treating physician (PTP). The requested care was modified on 01-15-14 by the UR reviewer to approve four sessions and non-certifying eight sessions. The reviewer rationale was "as the records do not indicate that the patient had previous acupuncture, an initial trial 3-6 sessions to see the patient obtains functional improvement prior to continuing with the acupuncture therapy, is seen as appropriate and supported by the guidelines for medical necessity. The rationale for requesting acupuncture for 12 sessions is not elaborated on. As such the medical necessity for this request has not been substantiated".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self-care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the PTP requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.