

<b>Case Number:</b>	CM14-0132953		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	12/17/2009
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 40 y/o male patient with pain complains of the lower back. Diagnoses included lumbar discs bulges, lumbar facet syndrome, and sacroiliac pain. Previous treatments included: multiple injections (blocks, epidurals, trigger point, etc), oral medication, aqua-physical therapy, chiropractic care, acupuncture (x24 prior sessions, specific functional gains unreported) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made (RFA dated 07-29-14) by the PTP. The requested care was denied on 07-31-14 by the UR reviewer. The reviewer rationale was "the patient was treated with acupuncture x24 in 2012 and 2013 with no documentation of sustained, objective functional improvements".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE:** Upheld

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

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

**Decision rationale:** The current guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The guidelines also notes 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 prior acupuncture x24 rendered in the past, no specific functional improvements were documented to support the additional acupuncture requested as reasonable, medically and necessary. In addition the request is for acupuncture x12, number of sessions that exceeds the guidelines without extraordinary circumstances documented to support such request. Therefore, and based on the previously mentioned, the additional acupuncture x12 is not supported for medical necessity.