

<b>Case Number:</b>	CM14-0136186		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 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 69-years /old male patient with pain complains of the left hip and lower back. Diagnoses included sprain and strain of the hip, degenerative disc disease of lumbar spine. Previous treatments included: oral medication, acupuncture 4/6 sessions (gains reported as "improving pain") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made on 08-12-14 by the PTP. The requested care was denied on 08-20-14 by the UR reviewer. The reviewer rationale was "4/6 acupuncture treatments were performed without functional improvement documented as required by the MTUS to allow additional care".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x a week x 6 weeks for left hip and spine:** Upheld

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

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read 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 undergoing 4/6 prior acupuncture sessions (reported as beneficial in reducing symptoms), no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested.In addition the request is for acupuncture x12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x12 is not supported for medical necessary.