

<b>Case Number:</b>	CM14-0137264		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/27/2000
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/01/2014
<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 a licensed Acupuncturist and is licensed to practice in Florida. 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 patient is a 57-year-old female who sustained work related injuries 6/27/2000. Her current diagnosis is S/P L4-S1 fusion possible hardware impingement; S/P revision 9/6/12; and possible non-union, internal disk derangement, CPS. She has had numerous surgeries on the lumbar and cervical spines. As of 7/17/14 she is being treated for neck pain, mid back pain and low back pain radiating into the lower extremities. She stated that she has had no relief with physical therapy. She is on the following medications: Methoderm, Flexor patches, Norfleaz, Anaprox, Ultram, Norco, Prilosec, Soma and Wellbutrin. The documentation provided shows that the patient was previously authorized to receive 6 acupuncture treatments; however, she never pursued treatment. Since the patient never used the previous 6 authorized treatments, the medical necessity of the additional acupuncture treatment has not been established. Therefore, this request for 6 more acupuncture treatments is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Acupuncture treatments:** Upheld

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

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

**Decision rationale:** According to the Acupuncture Medical Treatment Guidelines, continuation of acupuncture treatments following an initial trial of care may be recommended if functional improvement is documented. The guidelines note a frequency of 1-3 times per week for a duration of 1-2 months. The documentation provided shows that the patient was previously authorized to receive 6 acupuncture treatments; however, she never pursued treatment. Since the patient never used the previous 6 authorized treatments, the medical necessity of the additional acupuncture treatment has not been established. Therefore, this request is not medically necessary.