

<b>Case Number:</b>	CM14-0158480		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 24 y/o female patient with pain complains of neck, lower back, shoulders, knees and ankles-feet. Diagnoses included cervical-lumbar disc displacement, tear of medial meniscus and bilateral rotator cuff syndrome. Previous treatments included: oral medication, physical therapy, acupuncture (11 prior sessions were rendered with "significant improvement") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made on 08-19-14 by the PTP. The requested care was denied on 08-29-13 by the UR reviewer. The reviewer rationale was "it is not clear the number of prior acupuncture sessions...there has been no evidence of functional improvement with prior acupuncture".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture therapy three (3) times a week for (2) weeks to the cervical spine, bilateral shoulders, knees and ankle/feet:** Upheld

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

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

**Decision rationale:** The current mandated 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." Although eleven prior acupuncture sessions were reported as beneficial in increasing ability to walk, and reducing medication intake, the patient continues symptomatic ("severe, constant lower back pain"), taking oral medication and totally disable. Despite that the PTP reported that ADLs were improved, no baseline for comparison purposes was afforded. Also, in regards to the stated medication intake reduction, no number of current NSAIDs was reported ("as needed") in order to compare with prior intake ("BID"). Based on the guidelines, with no evidence of sustained, significant, and objective functional improvement (quantifiable response to treatment) obtained and properly documented, the additional acupuncture x 6 is not supported for medical necessity.