

<b>Case Number:</b>	CM14-0176460		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	11/01/2009
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 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 56-year-old male who sustained an industrial injury on 11/1/09. The mechanism of the injury is lifting 60 to 90 pounds. He has been diagnosed with: Unstable L5-S1 spondylolysis/spondylolisthesis, major depressive disorder, Diabetes, hypertension, and hypercholesterolemia. He has been prescribed the following medications: Tramadol, Lisinopril, Metformin, Glipizide and Ultram. He has received the following treatments: PT, pool therapy, acupuncture and home exercise program. The documentation suggests that the patient stated that he received pain relief from the acupuncture treatments. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course(s) of acupuncture treatment. The medical necessity for the requested 6 acupuncture sessions for the lumbar spine has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture (6 sessions for lumbar spine): Upheld**

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

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

**Decision rationale:** The patient is a 56-year-old male who sustained an industrial injury to his lumbar spine when lifting 60 to 90 pounds on 11/1/09. He has been prescribed medication and has received PT, pool therapy acupuncture and a home exercise program. The patient reported pain relief with prior acupuncture treatments; however, the records provided do not provide clinical support for continued acupuncture care. There is a lack of documentation of functional improvement. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. CA Acupuncture guidelines cited 9792.24.1 states that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions. Therefore, the request for 6 acupuncture treatments for the lumbar spine would not be medically necessary.