

<b>Case Number:</b>	CM14-0032755		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 53-year-old patient with pain complains of the lower back. Diagnosis included lumbar multilevel disc protrusion. Previous treatments included: epidurals injections, oral medication, acupuncture care (unknown number of prior sessions, gains unreported), physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made on February 5, 2014 by the PTP. The requested care was denied on February 21, 2014 by the UR reviewer. The reviewer rationale was "certification for future acupuncture would be based on some clear data that the prior acupuncture had resulted in resolution of the back pain symptoms. Such data has not been provided. Therefore, the request is not medically and necessary."

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ACUPUNCTURE TO THE LUMBAR SPINE, TWICE WEEKLY FOR SIX WEEKS:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines note 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 an unknown number of prior acupuncture sessions, no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was documented to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for twelve sessions of acupuncture, number that exceeds significantly the guidelines without documenting any comorbidity factor or extraordinary circumstances to support such request. The request for acupuncture to the lumbar spine, twice weekly for six weeks, is not medically necessary or appropriate.