

<b>Case Number:</b>	CM14-0032888		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/10/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/27/2014
<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 Licensed 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 47-year-old male patient with pain complains of the mid-lower back. Diagnoses included sprain of thoracic-lumbar spine, lumbar radiculopathy. Previous treatments included: oral medication, chiropractic-physical therapy, acupuncture (number of prior treatments unclear, gains obtained: "continuing symptomatic relief"), self care and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture for 12 was made on 2-12-14. The requested care was denied on 02-27-14 by the UR reviewer. The reviewer rationale was "patient is still undergoing treatment although was previously declared permanent and stationary. In addition, there was no indication that patient has had prior unsuccessful return to work attempts, therefore the medical necessity for the request is not established".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Acupuncture therapy sessions:** Upheld

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

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

**Decision rationale:** The report dated 2-12-14 indicated that the patient has "continuing symptomatic relief..." with acupuncture. The report dated 4-21-14 indicated "patient has

symptomatic relief with acupuncture..." and the report dated 5-12-14 indicated, "Patient has temporarily improved with acupuncture..." The 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 twelve 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 acupuncture for 12 sessions, number that exceeds significantly the guidelines without documenting any extraordinary circumstances to support such request. Therefore, the 12 additional acupuncture sessions are not supported for medical necessity.