

<b>Case Number:</b>	CM14-0045037		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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, has a subspecialty in Addiction Detoxification, and is licensed to practice in New York. 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 purpose of this review is to consider additional acupuncture treatment two times per week for three weeks. The applicant is a female employee who has filed an industrial claim for a lumbar spine injury that occurred on 7/04/12. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of discomfort and pain of her lower back. On 3/10/14, the primary treating physician requested an additional six sessions of acupuncture to treat her pain and to reduce some of her symptoms. The applicant reported the previous acupuncture was helpful and would like to receive additional acupuncture. Her treatment to date includes, but is not limited to, x-rays, MRI's, at least fourteen acupuncture sessions, physical therapy, oral and topical pain and anti-inflammatory medications. Applicant continues to be "Temporarily Totally Disabled". In the utilization review report, dated 4/04/14, the UR determination did not approve the additional six sessions of acupuncture in light of "functional improvement" based on MTUS guidelines. The advisor determined the applicant received fourteen acupuncture sessions previously and although the applicant felt the sessions were "helpful", there is a lack of objective clinical evidence of a positive functional improvement with her condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 3 weeks lumbar spine:** Upheld

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

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

**Decision rationale:** Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture care of at least fourteen visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician was not able to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant continues to be "Temporarily Totally Disabled" and her work status did not change due to this course of treatment. Therefore, these additional six sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.