

<b>Case Number:</b>	CM14-0049719		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 twelve acupuncture sessions. The applicant is a female employee who has filed an industrial claim for a lumbar spine injury that occurred cumulatively between 3/01/09 and 5/07/13. Mechanism of injury is repetitive in nature lifting heavy items. Currently the patient complains of chronic pain, worse with sleeping. The pain continues to radiate down her bilateral lower extremities. The primary treating physician requested an additional twelve sessions of acupuncture to treat her pain and to reduce some of her symptoms. Prior acupuncture sessions lowered her pain level but she is still experiencing residual lumbar spine pain with bilateral, radiating pain to the lower extremities. Her treatment to date includes, but is not limited to, x-rays, MRI's, EMG/NCS tests of bilateral upper and lower extremities, at least six acupuncture sessions, chiropractic care, physical therapy sessions, oral and topical pain and anti-inflammatory medications. Applicant continues to not work and in March 2014 it is recommended for the applicant to be considered "Permanent and Stationary". In the utilization review report, dated 3/15/14, the UR determination did not approve the additional twelve sessions of acupuncture partly, but not limited to, in light of "functional improvement", as defined by MTUS. The applicant received at least six previous acupuncture sessions and the advisor stated there is a lack of clinical documentation demonstrating functional gains or benefits of such treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient additional acupuncture to the lumbar spine for twelve (12) sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Chronic Pain.

**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 six 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 neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant has been off work and her status did not change due to this course of treatment. Therefore, these additional twelve sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS. Furthermore, if the current acupuncture prescription were to be considered as an initial trial, the MTUS recommends 3-6 visits as time allowed to produce functional improvement, thus exceeding this recommendation and is not medically necessary as such.