

<b>Case Number:</b>	CM14-0071650		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 67 year old male patient with pain complains of neck and lower back. The diagnoses included cervical-lumbar radiculopathy. The previous treatments included, oral medication, chiropractic-physical therapy, acupuncture (eight prior sessions, gain reported as helped slightly), and work modifications amongst others. As the patient continued symptomatic, a request for additional 8 acupuncture sessions was made on 02-06-14 by the PTP. The reviewer rationale was prior acupuncture did not decrease the pain, helped him sleep better, allowed him to take less medication, and helped him functionally. Based on the MTUS the medical necessity cannot be validated for the additional acupuncture requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Sessions of Acupuncture Therapy for the Cervical and Lumbar Spines: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The mandated guidelines read 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. There is no evidence of significant, objective functional improvement (quantifiable response to treatment) obtained with previous eight acupuncture sessions which is essential to establish the reasonableness and necessity of additional acupuncture. Without indication that the patient obtained any significant objective benefits (like decrease of pain (Visual Analog Scale), increased endurance, increased body mechanics and ability to perform ADL (activities of daily living), increased ability to perform job-related duties, reduction of pain medication, improved sleep or reduced pain behaviors), the request for additional acupuncture is not supported for medical necessity. As such, the request is not medically necessary.