

<b>Case Number:</b>	CM14-0072017		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 case involves a 22 year old male who sustained an injury on 07/01/2013 and has complaints of lower back pain. The injured worker's diagnosis is lumbar disc displacement. His previous treatment includes oral medication, physical therapy, and work modifications. On 04/01/2014, the primary treating physical requested 12 acupuncture sessions as the injured worker continues to be symptomatic. The requested treatment was modified on 05/02/2014 by the utilization review to approve four sessions and non-certifying eight sessions. The reviewer rationale was the history and documentation supports a short acupuncture trial along with ongoing exercises. Continued care cannot be supported prior to a reassessment but after the trial is completed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x12 visits for the low back:** 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:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued to be symptomatic despite previous care, (i.e. physical therapy, oral medication, work modifications and self-care) an acupuncture

trial for pain management and function improvement would have been reasonable as well as supported by the MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. The requested 12 acupuncture sessions are over the number recommended by the guidelines. Furthermore, there is lack of documentation of any extraordinary circumstance warranting the need to exceed the guideline recommendations. Therefore, the request for acupuncture x 12 is not medically necessary.