

<b>Case Number:</b>	CM14-0074860		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 57 y/o female patient with pain complains of neck, mid and lower back. Diagnoses included intervertebral disc displacement (Cervical-Thoracic-Lumbar). Previous treatments included: oral medication, physical therapy, acupuncture x10 (gain reported as lumbar range of motion improved; able to stand and walk longer than before) and work modifications amongst others. As the patient continued significantly symptomatic, with reduced function-ADLs, a request for acupuncture 3x4 was made on 03-26-14 by the PTP. The requested care was denied on 04-09-14 by the UR reviewer. The reviewer rationale was there was no indication that he patient is actively seeking physical rehabilitation at this time; the patient reports to be able to stand and walk longer than before but this is not objectively measured. The MTUS does not support the request without documentation of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE X 6 VISITS, LUMBAR, CERVICAL, THORACIC SPINES:** Overturned

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

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

**Decision rationale:** The 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. Although the patient underwent 10 acupuncture sessions which were described a beneficial in improving standing and walking time, this was not objectively measured (clinically significant improvement in ADLs). The patient continued symptomatic, taking oral medication (no reduction in the dependency on continued medical treatment) and temporary totally disabled (work status continued without work restrictions reduction). Without evidence of significant, objective functional improvement (quantifiable response to treatment) obtained and documented with previous care, the request for additional acupuncture is not supported for medical necessity.