

<b>Case Number:</b>	CM14-0079496		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Florida. 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 patient is a 58-year-old male who sustained multiple injuries on 5/5/10. The documentation provided does not detail the mechanism of the injuries. He is using medication, which is well tolerated with occasional constipation or diarrhea. The patient has had acupuncture treatments in the past with a 30% reduction of symptoms. However, there is no further documented objective functional improvement provided. It is also unclear from the records the duration or frequency of the treatments provided. The 416 pages of documentation do not adequately detail the basis for this request. The medical necessity for the requested 8 acupuncture sessions for the cervical spine, lumbar spine and bilateral knees has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2xwk x 4wks cervical spine, lumbar spine, and bilateral knees:** Upheld

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

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

**Decision rationale:** My rationale for why the requested treatment/service is or is not medically necessary: The patient is a 58-year-old male who had a work related injury on 5/5/10. The documentation provided, does not show the mechanism of the injury. After several surgeries, the

patient still suffers from neck pain radiating into the upper extremities, low back pain radiating into the lower extremities with numbness and tingling and bilateral knee pain radiating into the lower extremities. The patient is on the following medication: Lyrica 150 mg, Omeprazole 20mg, Celebrex 200mg, Flurbiprofen 20% cream, Ketoprofen 20% + Ketamine 10% cream, Gabapentin 10% + Cyclobenzaprine 10% + Capsaicin 0.0375% cream which provides 50% symptom relief. The patient also uses Flector patches, which relieves pain and increases activities of daily living. The patient was attending acupuncture treatments, which provided approximately 30% relief of his symptoms, however, there is no further documented objective information provided (ie: functional improvement). It is also unclear from the records the duration or frequency of treatment. As per CA MTUS Acupuncture Medical Guidelines: Frequency and duration of acupuncture may be performed to produce functional improvement; 3 to 6 treatments with a frequency of 1 to 3 times a week over a 2 month period of time. Acupuncture treatment may be extended if functional improvement is documented. The duration and frequency of treatment is unclear as well as the degree of functional improvement. Therefore, the request for acupuncture treatments 2 times a week for four weeks would not be medically necessary.