

<b>Case Number:</b>	CM13-0035186		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/15/2007
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

### 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 female patient with pain complains of the lumbar spine. Diagnoses included lumbar spinal stenosis. Previous treatments included: surgery, oral medication, physical therapy, acupuncture (unknown number of sessions, reported as beneficial reducing symptoms/ medication) and work modifications amongst others. The AME is his report dated 12- 07-12, page 136, recommended courses of acupuncture, if needed, 4 times a year, 3-4 weeks duration. A request for additional acupuncture 2-3x6 was made on 09-24-13 by the PTP. The requested care was denied on 10-01-13 by the UR reviewer. The reviewer rationale was "this modality does not offer definitive treatment for lumbar spine conditions nor will it offer long lasting pain relief. With or without acupuncture the claimant will still have LBP. Therefore acupuncture 2-3x6 lumbar is not medically necessary".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2-3x6 lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

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

**Decision rationale:** Based on the records reviewed, the patient underwent acupuncture in the past that although allegedly was beneficial, no specifics were documented. As the patient continued significantly symptomatic, additional acupuncture for pain management and function improvement was reasonable and supported by the MTUS/AME. The PTP requested acupuncture 2-3x6 which was denied by the reviewer, who incidentally, did not base his determination on the MTUS, which are mandated by law. The MTUS notes that the number of acupuncture sessions to produce functional improvement is 3-6 treatments, in addition the AME recommended acupuncture courses of up to 4 weeks. The request from the PTP is for 6 weeks, which exceeds all the previously mentioned sources, without explaining why care beyond MTUS/AME recommendations was needed. Therefore, treatment exceeding mandated guidelines, without extenuating circumstances documented, will not be supported for medical necessity.