

<b>Case Number:</b>	CM14-0177559		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 patient with a date of injury of 8/2/12. A utilization review determination dated 9/24/14 recommends modification of retrospective acupuncture from 24 sessions between 1/12/13 and 3/28/13 to 6 sessions. It referenced a 1/8/13 medical report identifying pain in the low back, left knee, and left ankle. On exam, there is positive SLR and decreased sensation and reflexes as well as tenderness. Recommendations include acupuncture and Dendracin cream. It also referenced a 3/5/13 medical report identifying pain in the low back, left knee, and left ankle. On exam, there is tenderness, decreased ROM, decreased strength, and sensory deficit. Recommendations include acupuncture and orthopedic follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions (lower leg - side not indicated) x6:** Upheld

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

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

**Decision rationale:** Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use

is supported when there is functional improvement documented, which is defined 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." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, while there is some support for a trial of up to 6 sessions, the current request for a visit exceeds the 6-visit trial recommended by guidelines and there is no indication of functional improvement as defined above after the initial 6 sessions. Unfortunately, there is no provision to modify the current request to allow for the 6 initial sessions. As such, the currently requested acupuncture is not medically necessary.