

<b>Case Number:</b>	CM14-0188300		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	07/22/2003
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 59 year old female patient with pain complains of her lower back. Diagnoses included lumbar intervertebral disc displacement. Previous treatments included: injections, oral medication, physical therapy, acupuncture (six prior sessions were completed with alleged symptom reduction, range of motion improvement and function-activities of daily living improvement) and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x 12 was made on 10-15-14 by the primary treating physician. The requested care was denied on 10-28-14 by the UR reviewer. The reviewer rationale was after prior acupuncture "was documented pain level decrease, increase function-activities of daily living, reduce medication intake and improve range of motion by 50%, however there are no quantitative measurements to corroborate these findings."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 time a week for 12 weeks Lumbar Spine:** Upheld

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

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

**Decision rationale:** The MTUS guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same 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." Six acupuncture sessions were completed with reported medication intake reduction, activities of daily living improvement and increase range of motion. Despite the previous reported benefits, no baselines were afforded to document any specific, objective functional improvement (quantifiable response to treatment) to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for acupuncture x 12, a number that exceeds the guidelines without extraordinary circumstances documented to support the request. Therefore, the request is not supported for medical necessity.