

<b>Case Number:</b>	CM14-0188898		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	10/20/2009
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/16/2014
<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 a licensed Acupuncturist 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 male patient was injured while being employed on 10/20/2009. Per primary treating physician progress report dated 07/24/2014. He complained of constant low back pain that was aggravated by range of motion and ambulation. The pain radiates to his lower extremities. On physical examination of lumbar spine, there was tenderness noted on palpation of paravertebral muscle, seated nerve test was positive and range of motion was decreased. No noted issues with skin, circulation, coordination or balance. Tingling and numbness was note to leg and foot. His diagnosis was lumbago. Plan of care consists of medication and he previously completed an undetermined number of acupuncture treatments. Per documentation the injured worker continues to work. There was limited documentation submitted for this review. Treatment plan was to continue with previously prescribed medication and acupuncture treatment to the lumbar spine 2 times week for 6 weeks. The documentation states the request for Acupuncture 2 x 6 was non-certified on 10/16/2014 due to not being medically necessary. The reviewing physician referred to the CA MTUS and the ODG Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG Treatment recommendations

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3-6 treatments. The same guidelines also states that 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." After an unknown number of prior acupuncture sessions (reported as beneficial in reducing symptoms), the patient continues symptomatic, taking oral medication and no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x12, number that exceeds significantly the guidelines without any extraordinary circumstances documented to support such request. Therefore, the additional acupuncture x12 is not supported for medical necessity.