

<b>Case Number:</b>	CM14-0191567		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 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 52 years old female patient with pain complains of lower back. Diagnoses included sprain of lumbar disc displacement. Previous treatments included: oral medication, physical therapy, and acupuncture (at least six prior acupuncture sessions, gain reported as "temporary relief") work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made by the PTP. The requested care was denied on 10-28-14 by the UR reviewer. The reviewer rationale was that additional acupuncture without "documentation of significant functional benefits following prior acupuncture" is not supported by the guidelines as medically and necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Treatment to the lumbar spine for 6 sessions, 2 times a week for 3 weeks:**  
Upheld

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

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

**Decision rationale:** The guidelines 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." Six prior acupuncture sessions were performed with no evidence of any sustained, significant, objective functional improvement (medication intake reduction, activities of daily living improvement etc.) provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, acupuncture x6 is not supported for medical necessity.