

<b>Case Number:</b>	CM14-0198328		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 57 y/o male patient with pain complains of his neck and lower back. Diagnoses included sprain of the cervical spine, lumbago and cervicobrachial syndrome. Previous treatments included: oral medication, physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture x10 was made on 10-07-14 by the PTP. The requested care was modified on 10-24-14 by the UR reviewer to approve six sessions and non-certifying four sessions. The reviewer rationale was "a trial of six sessions is supported by the MTUS guidelines with possible extension based on evidence of functional improvement".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x10:** Upheld

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

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

**Decision rationale:** Based on the documentation available for this review, the patient has not had acupuncture care in the past. As the patient continued symptomatic, an acupuncture trial for pain management and function-activities of daily living improvement would have been

supported by the guidelines. The guidelines established that functional improvement with acupuncture care could be obtained with 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the PTP requested initially 10 sessions, number that exceeds the one recommended by the guidelines without documenting any extraordinary circumstances, the request is not supported for medical necessity.