

<b>Case Number:</b>	CM15-0003085		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	11/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

### 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 35 y/o male patient with pain complains of his lower back. Diagnoses included chronic lower back pain syndrome. Previous treatments included: injections, oral medication, physical therapy, acupuncture x8 (no functional improvement was documented), exercise program and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x6 was made by the primary care physician. The requested care was denied on 11-27-14 by the UR reviewer. The reviewer rationale was "acupuncture x8 was rendered without functional improvement documented. Therefore the additional 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:

**Additional acupuncture sessions for lumbar spine, 8 sessions:** Upheld

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

**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. Also the guidelines could support additional acupuncture 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." Although eight acupuncture sessions were already rendered (reported as beneficial in reducing symptoms), the patient continued symptomatic, and no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) was documented to support the medical necessity of the additional acupuncture requested. In addition the request is for acupuncture x8, number that exceeds the guidelines without a medical reasoning to support such request. Consequently, the additional acupuncture x8 is not supported for medical necessity.