

<b>Case Number:</b>	CM15-0132470		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	05/05/2000
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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:

The injured worker is a 35 year old female, who sustained an industrial injury on May 5, 2000. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having bulging lumbar disc, lumbar facet arthropathy and postlaminectomy syndrome. Treatment to date has included acupuncture, chiropractic treatment and medication. On June 16, 2015, the injured worker complained of slight flare-up of her neuropathic pain with three acupuncture sessions. Her pain level was rated as an 8 on a 1-10 pain scale. She reported significant relief from chiropractic treatment. The treatment plan included eight sessions of acupuncture and eight sessions of chiropractic treatment. On June 24, 2015, Utilization Review non-certified the request for acupuncture eight sessions for the lumbar spine, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 8 sessions to the lumbar spine:** Upheld

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

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

**Decision rationale:** Based on the records reviewed, the provider indicated on 06-08-15 the acupuncture x3 improved the condition, but also reported on 06-16-15 that the patient presented a flare up related to prior acupuncture. The 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". Despite that prior acupuncture care was rendered, no documentation of any objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 8, number that exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.