

<b>Case Number:</b>	CM15-0189136		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/27/2015
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 42 year old male, who sustained an industrial injury on 1-27-2015. The medical records indicate that the injured worker is undergoing treatment for lumbago, lumbar spine musculoligamentous sprain-strain, lumbar spine myospasms, cervical spine musculoligamentous sprain-strain, and cervical spine myospasms. According to the progress report dated 8-25-2015, the injured worker presented with complaints of persistent neck pain with radiation to the bilateral shoulders and low back pain with radiation into the lower extremities. On a subjective pain scale, he rates his pain 7 out of 10. The physical examination of the cervical spine reveals spasm, suboccipital tenderness, and painful range of motion. Examination of the lumbar spine reveals spasm, tenderness, painful range of motion, and positive sciatic stretch. The current medications are not specified. Previous diagnostic testing includes x-rays and MRI studies. Treatments to date include medication management and physical therapy. Work status is described as temporarily totally disabled. The original utilization review (9-17-2015) had non-certified a request for 12 acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** 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." After an unknown number of prior acupuncture sessions, 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 x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture is not supported for medical necessity.