

<b>Case Number:</b>	CM15-0202799		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	04/14/2001
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Chiropractor, 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 52 year old male, who sustained an industrial injury on 4-14-2001. Medical records indicate the worker is undergoing treatment for bilateral hip replacement, lumbar disc degeneration and joint pain. A recent progress report dated 9-25-2015, reported the injured worker complained of left hip pain and low back pain, rated 9-10 out of 10 without medications and 6 out of 10 with medications. Physical examination revealed normal gait, no lumbar spasm or guarding and negative straight leg raise test. Per a report dated 4/7/15, the claimant has benefited from acupuncture in the past, which provided 50% decrease in pain level, and also improved his mobility. He has not had acupuncture since 2010. Four visits of acupuncture were certified on 4/21/15. Per an acupuncture note dated 8/18/2015, the claimant is having 4/4 acupuncture sessions. He reports a mild-moderate decrease of lower back and left hip pain. The report also states that he had six sessions in 2011. Per a report dated 9/25/15, the claimant has had acupuncture in the past which was effective in decreasing his pain allowing him to use less medication. Treatment to date has included an unknown number of acupuncture visits and unknown improvement from the acupuncture, physical therapy and Tramadol. The physician is requesting 6 sessions of acupuncture for the left hip and 6 sessions of acupuncture for the lumbar spine. On 10-12-2015, the Utilization Review noncertified the request for 6 sessions of acupuncture for the left hip and 6 sessions of acupuncture for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, six sessions for the left hip:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits of pain reduction and also reduced medication usage. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Also there are conflicting reports as to when and how many sessions have been provided. Therefore further acupuncture for the hip is not medically necessary.

**Acupuncture, six sessions for the lumbar spine:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits of pain reduction and also reduced medication usage. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Also there are conflicting reports as to when and how many sessions have been provided. Therefore further acupuncture for the lumbar spine is not medically necessary.