

<b>Case Number:</b>	CM15-0203919		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	07/14/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 58 year old male with an industrial injury date of 07-14-2014. Medical record review indicates he is being treated for fracture of lumbar spine, chronic back pain, knee pain and disorder of patellofemoral joint. Subjective complaints (07-01-2015) included low back pain rated as 5 out of 10. Work status (07-01-2015) is documented as temporarily totally disabled. Prior treatment included physical therapy, walker and cane. His medications included Amlodipine, Metoprolol Succinate ER and Ramipril. Objective findings (07-01-2015) included moderate tenderness on palpation of the lumbar paraspinal muscles. Modified straight leg raise was negative. Examination of the knees showed tenderness on palpation of the left patella and crepitus with range of motion. On 09-17-2015 the request for 12 acupuncture therapy sessions was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Acupuncture Therapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Knee Complaints 2004, and 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 could support additional care based on the functional improvement(s) obtained/documentated with previous care. After prior acupuncture sessions already completed (reported as beneficial in symptom reduction, medication intake reduction, activities of daily living-function improvement), additional acupuncture could have been supported for medical necessity by the guidelines. The number of sessions requested (x 12) significantly exceeds the guidelines criteria without a medical reasoning or extraordinary circumstances documented to support such request. Therefore, and based on the previously mentioned (current request exceeding guidelines) the additional acupuncture x 12 is not medically necessary.