

<b>Case Number:</b>	CM15-0028297		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 56-year-old male reported a work-related injury on 01/16/2013. According to the PR2 dated 1/12/15, the injured worker (IW) reports constant severe sharp pain in the neck and upper, mid and low back with muscle spasms in the neck and pain in the shoulders. Diagnoses include displacement of cervical intervertebral disc without myelopathy, thoracic and lumbar disc displacement, lower extremity neuritis, lumbar disc protrusion and lumbar myofascitis. Previous treatments include medications, physical therapy, acupuncture and chiropractic treatment. The treating provider requests acupuncture (12-sessions) for the lumbar spine. The Utilization Review on 01/12/2015 non-certified the request for acupuncture (12-sessions) for the lumbar spine, citing CA Acupuncture Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture (12-sessions) for lumbar spine:** 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 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 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. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the MTUS-guidelines. 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 x 12 is not supported for medical necessity.