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| <b>Case Number:</b>   | CM15-0225787 |                              |            |
| <b>Date Assigned:</b> | 11/24/2015   | <b>Date of Injury:</b>       | 02/16/2014 |
| <b>Decision Date:</b> | 12/31/2015   | <b>UR Denial Date:</b>       | 11/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/17/2015 |

### 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 is a 64 year old female who sustained a work-related injury on 2-16-14. Medical record documentation on 11-4-15 revealed the injured worker was being treated for cervical sprain and thoracolumbar sprain. She reported having a lot of back pain and pain down the left leg. She rated her pain a "level VII." Objective findings included use of a cane for assistance. She had pain with palpation of the lower lumbar spine. The injured worker was able to bend at the waist and had fairly well-preserved lumbar rotation as well as lumbar extension. An MRI of the lumbar spine on 10-26-15 revealed degenerative disc disease at L3-4 through L5-S1 and L3-L4, L4-L5 and L5-S1 disc bulge, facet arthropathy and foraminal narrowing. Previous treatment included home exercise program and activity modification. The injured worker had at least six sessions of acupuncture therapy from 5-11-15 through 5-27-15 with good progress noted (5-29-15). A request for six sessions of acupuncture therapy was received on 11-5-15. On 11-13-15, the Utilization Review physician determined six sessions of acupuncture therapy was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture therapy, quantity: 6 sessions: Upheld**

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

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

**Decision rationale:** The patient had acupuncture in the past which according to the provider was "helpful". On 11-04-15 the provider requested additional acupuncture due to a recent flare up the patient presented. Neither the current intensity of pain or clear deficits to be addressed by the acupuncture were documented. Additional information about prior functional benefits obtained the acupuncture already rendered were not offered. 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. Although prior acupuncture sessions were reported as beneficial, 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. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity and the request is not medically necessary.