

<b>Case Number:</b>	CM15-0044910		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 32 year old female, who sustained an industrial injury on 9/24/2013. She reported injuring her hip and back during restraint training. The diagnoses have included lumbar herniated nucleus pulposus (HNP) and left sciatica. Treatment to date has included physical therapy, acupuncture and medication. According to the progress report dated 1/9/2015, the injured worker complained of increased pain in low back and left leg. The injured worker reportedly had 12 sessions of acupuncture with some benefit. The pain was rated 3/10 at best, 7/10 at worst and average 6/10. Current medications included flexeril and ibuprofen. Exam of the lumbar spine revealed mild tenderness to palpation of the lumbar paraspinal muscles. Authorization was requested for acupuncture as of 12/5/2014. The injured worker was to continue her home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture eight (8) visits:** 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 twelve prior acupuncture sessions (reported as "somewhat beneficial"), no significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture care was documented to support the reasonableness and necessity of the additional acupuncture requested. Additionally the request is for acupuncture x 8, number that exceeds the guidelines recommendations without any extraordinary circumstances reported to support such request. Therefore, the additional acupuncture x 8 is not supported for medical necessity.