

<b>Case Number:</b>	CM15-0059603		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 (IW) is a 50-year-old male who sustained an industrial injury on 08/28/2012. Diagnoses include lumbar facet arthropathy and left lumbar radiculitis. Treatment to date has included medications, acupuncture, medial branch nerve blocks and physical therapy. Diagnostics performed to date included MRIs. According to the progress notes dated 2/11/15, the IW reported pain in the lower back. A request was made for acupuncture twice weekly for three weeks, which had been beneficial for his back pain and his headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 3 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The guidelines note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments also states that 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." The patient already underwent twelve acupuncture sessions previously without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care, the request for additional acupuncture is not medically necessary.