

<b>Case Number:</b>	CM15-0084148		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 42 year old female who sustained an industrial injury on 01/21/2014. Current diagnoses include low back pain, lumbar spine sprain/strain, left hip sprain/strain, and left knee sprain. Previous treatments included medication management, acupuncture, and physical therapy. Previous diagnostic studies include x-rays and MRI of the lumbar spine. Report dated 03/27/2015 noted that the injured worker presented with complaints that included lumbar spine pain with radiation to the left lower extremity, left leg numbness and tingling, and left hip pain. Pain level was 7 out of 10 on the visual analog scale (VAS). It was noted that the injured worker felt that prior acupuncture was helpful. The injured worker has completed 12 sessions of acupuncture. Physical examination was positive for abnormal findings. The treatment plan included recommendations for physical therapy and acupuncture. Disputed treatments include acupuncture 2 times 6 for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x6 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back- Acupuncture.

**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 guidelines also 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 (gains unreported), no evidence of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the appropriateness of the additional acupuncture requested. Based on the providers reporting, the patient is not presenting a flare up of the condition, or a re-injury. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines-MTUS. 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.