

<b>Case Number:</b>	CM15-0084266		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/30/2015
<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 22 year old female who sustained an industrial injury on July 11, 2014. Previous treatment includes MRI of the lumbar spine, acupuncture, work restrictions and medications. Currently the injured worker complains of intermittent, moderate pain and decreased swelling on the medial side of the right knee and frequent, intermittent low back pain with moderate radiating pain and stiffness. An MRI of the lumbar spine on October 22, 2014 revealed L4-5 broad-based disc herniation and spinal canal narrowing and bilateral neuroforaminal narrowing. On examination the injured worker has moderate tenderness to palpation of the right knee medial joint and moderate tenderness to palpation of the lumbar spine. Diagnoses associated with the request include severe medial collateral/medial meniscus sprain/strain and right knee severe medial collateral ligament sprain/strain. The documentation was unclear how many previous acupuncture sessions the injured worker had received and whether she had gained any functional improvement related to those sessions. The treatment plan includes continued acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 additional sessions of acupuncture:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 (reported as beneficial in slightly improving symptoms-range of motion), no clear 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. 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 8, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 8 is not supported for medical necessity.