

<b>Case Number:</b>	CM15-0089126		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	09/07/2005
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 62 year old male, who sustained an industrial injury on 09/07/2005. He reported sustaining injuries to his head, arms, and right leg after a motor vehicle accident while working as a truck driver. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having herniated nucleus pulposus of the lumbar spine, herniated nucleus pulposus of the cervical spine, cervical radiculopathy, and lumbar radiculopathy. Treatment and diagnostics to date has included chiropractic treatment, acupuncture, physical therapy, epidural steroid injection, cervical spine MRI, lumbar spine MRI, electromyography, and medications. In a progress note dated 03/11/2015, the injured worker presented with complaints of neck and back pain. Objective findings include tenderness to palpation over the cervical, thoracic, and lumbar spine with diminished range of motion of the cervical spine. The treating physician reported requesting authorization for acupuncture for the lumbar and cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 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 could support extension of acupuncture care 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. An unknown number of acupuncture previously authorized, were rendered with unreported gains. An additional eight sessions were requested. The review of records revealed that not all the sessions previously authorized were rendered; therefore an assessment of whether additional care is needed is unknown as the authorized care has not been completed. Secondly, 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. Thirdly, the request is for acupuncture x 8, number that exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, the additional acupuncture x 8 is not supported for medical necessity.