

<b>Case Number:</b>	CM15-0238842		
<b>Date Assigned:</b>	12/15/2015	<b>Date of Injury:</b>	04/01/2008
<b>Decision Date:</b>	01/19/2016	<b>UR Denial Date:</b>	11/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/07/2015

### 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 62 year old female injured worker suffered an industrial injury on 4-1-2008. The diagnoses included cervical fusion 11-2014, cervical spondylolisthesis, right and left strain and thoracic strain. On 10-27-2015, the treating provider reported the neck pain that was constant 8 out of 10 with upper back pain that was constant rated 8 out of 10. He described both knees as tight and stiff. He noted acupuncture helped with her pain and subsequently slept better with therapy. The medical record did not include evident of specific acupuncture sessions with dates and progress notes. The Utilization Review on 11-10-2015 determined modification for Acupuncture 1 x week for 12 weeks to cervical spine and thoracic spine to #6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 x week for 12 weeks to cervical spine and thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** On 07-28-15, a request for six acupuncture sessions was made by the treating provider. On 10-27-17 an additional 12 sessions were requested based on prior benefits

("helped with the pain"). The number of completed sessions was not included in the providers reporting. 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 reducing symptoms), 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. In addition, the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 12 fails to meet the criteria for medical necessity. The request is not medically necessary.