

<b>Case Number:</b>	CM14-0111796		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/30/1993
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. The expert reviewer is Board Certified in Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a female employee who has filed an industrial claim for low back and psyche injuries that occurred on 10/30/93. Mechanism of injury is unspecified in records reviewed. Currently the patient complains of moderate pain of her lower back, right hip, and sciatica. The treating physician requested eight sessions of acupuncture to treat her pain and to reduce some of her symptoms. The applicant is "off-work" status to date. The applicant's current diagnoses consist of lumbosacral disc degeneration, fasciitis, lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis, and encounter for long-term use of other mediations, Her treatment to date includes, but is not limited to, acupuncture, electro acupuncture, light gym exercises, home exercise program, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 7/2/14, the UR determination did not approve the eight sessions of acupuncture based upon a lack of clinically significant objective response to the prior eight sessions of acupuncture treatments indicating "functional improvement" of the applicant, as defined by MTUS. Activities of daily living neglected to be specific and detailed. Therefore, the advisor recommended for non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture once per week for eight weeks:** Upheld

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

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

**Decision rationale:** Evaluating a request for additional acupuncture is based on the California Medical Treatment Utilization Schedule (MTUS) recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture care of at least eight visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant has been off work and her status did not change due to this course of treatment. Therefore, these additional eight sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by California MTUS. Furthermore, if the current acupuncture prescription were to be considered an initial trial, the California MTUS recommends 3-6 visits as time allowed to produce functional improvement, thus exceeding this recommendation and not medically necessary as such.