

<b>Case Number:</b>	CM14-0170600		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	10/30/2011
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 licensed 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 male employee who has filed an industrial claim for lumbar injury that occurred on 10/30/11. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of sharp, dull, aching, lower back pain with stabbing, burning and shooting sensations to the spine associated with radiating to bilateral extremities and his buttocks. The treating physician requested six sessions of acupuncture to treat his pain and to reduce some of his symptoms. Records indicate the applicant did receive prior acupuncture treatments and continues to complain of constant sharp, burning, throbbing pain with associated weakness, numbness, and tingling in his legs. The applicant's diagnosis consists of lumbar strain, ligamentous/muscle strain or sprain, Quadratus lumborum pain, chronic failed back syndrome. His treatment to date includes, but is not limited to, lumbosacral L2-S1 laminectomy, acupuncture, physical therapy, modified work duty and total temporarily disabled, home Tens unit, MRIs, X-rays, home exercise program, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 10/02/14, the UR determination did not approve the six sessions of acupuncture based on MTUS guidelines where acupuncture is used as an option when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation and/or surgical intervention. Furthermore, the advisor indicates this request is for an additional round of acupuncture and objective indication of functional improvement of the prior treatments are not included. Additionally, the clinical information provided does not indicate a decrease in tolerance to his medication or if a physical rehabilitation program will coincide with sessions requested. Therefore, the advisor did not certify this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture to Lumbar 2X3: 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 MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture care of an undisclosed number 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's work status did not change due to this course of treatment. Therefore, based on the lack of functional improvement, as defined by MTUS, these additional six sessions of acupuncture therapy is not medically necessary.