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| <b>Case Number:</b>   | CM14-0098538 |                              |            |
| <b>Date Assigned:</b> | 07/28/2014   | <b>Date of Injury:</b>       | 10/26/2012 |
| <b>Decision Date:</b> | 09/25/2014   | <b>UR Denial Date:</b>       | 06/19/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/26/2014 |

### 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 purpose of this review is to consider additional six acupuncture sessions. The applicant is a female employee who has filed an industrial claim for cervical spine and lumbosacral injury that occurred on 10/26/12. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of continual bilateral neck and back pain radiating to upper and lower extremities. On 6/16/14, the treating physician requested an additional six sessions of acupuncture to treat her pain and to reduce some of her symptoms. The applicant has received prior acupuncture care with minimum relief. Her status continues at temporarily total disabled, reported as of 6/13/14. Her treatment to date includes, but is not limited to, MRI's, X-rays, left wrist injection, acupuncture, physical therapy, chiropractic, EMG/NCV studies, oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 6/19/14, the UR determination did not approve the six sessions of acupuncture in light "functional improvement", as defined by MTUS. Although the records state the patient achieved minor relief with pain, the records lack clinically significant improvement in activities of daily living or a reduction in work restrictions and/ or a reduction of medical treatment dependency.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 6 sessions of Acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, 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 acupuncture care prior to this request of six visits and those sessions were 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 remains on total temporarily disabled which is such a profound degree of disability that the patient is largely bedbound and unable to perform basic activities of daily living status and off work. This implies a failure of all treatment, including acupuncture. Therefore, these additional six sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.