

<b>Case Number:</b>	CM14-0215145		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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:

This is a 30 y/o male patient with pain complains of his lower back. Diagnoses included lumbar spine multiple level discs herniations, lumbar radiculopathy. Previous treatments included: oral medication, physical therapy, acupuncture x14 (benefits described as "significant relief") and work modifications among others. As the patient continued symptomatic, a request for additional acupuncture x8 was made by the primary treating physician. The requested care was denied on 11-21-14 by the UR reviewer. The reviewer rationale was prior acupuncture x14 was rendered with " no indication of significant functional benefits" therefore additional acupuncture is not supported by the guidelines as medically and necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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 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 14 prior acupuncture sessions (reported as beneficial in reducing symptoms), no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition, the request is for acupuncture x 8, number that exceeds the guidelines without a medical reasoning to support the request. Therefore, the request for additional acupuncture x 8 is not medically necessary.