

<b>Case Number:</b>	CM15-0013115		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	01/29/2003
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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 injured worker (IW) is a 66 year old male, who sustained an industrial injury on January 29, 2003. He has reported low back pain extending to the thigh and was diagnosed with severe lumbar, cervical and sacral disc collapse and facet disease, moderate lumbar and cervical central and foraminal stenosis and cervical disc herniation. Treatment to date has included radiographic imaging, diagnostic studies, chiropractic care, physical therapy, acupuncture, pain medications, work duty modifications and treatment modalities. Currently, the Injured Worker complains of continued low back pain. The injured worker reported an industrial injury in 2003, resulting in chronic low back pain with pain radiating into the thigh. He used many conservative therapy options including acupuncture and chiropractic care. On November 25, 2014, evaluation revealed subjectively, the previous acupuncture and physical therapy provided some improvement of symptoms. On January 15, 2015, Utilization Review non-certified requests for 12 acupuncture visits, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 21, 2015, the injured worker submitted an application for IMR for review of requested twelve acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, quantity 12:** 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 guidelines also read that 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), 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 any extraordinary circumstances documented to support such request. Therefore, the additional acupuncture x 12 is not supported for medical necessity.