

<b>Case Number:</b>	CM15-0113761		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	07/16/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 is a 59 year old female with an industrial injury dated 07/16/2014. Her diagnoses included sprain lumbar region and sprain shoulder/arm and lumbago. Prior treatments are not documented. Work status report dated 05/14/2015 notes the injured worker's condition has not improved significantly. Work status was limited duties. Objective findings are not documented. The request is for additional acupuncture therapy (evaluate and treat) 2 times a week for 4 weeks for the lumbar spine, as an outpatient for submitted diagnosis of sprain, lumbago times 8.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture therapy (evaluate and treat) 2 times a week for 4 weeks for the lumbar spine, as an outpatient for submitted diagnosis of sprain, lumbago X 8:**

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 an unknown number of prior acupuncture sessions, there is a lack of any significant, objective functional improvement (quantifiable response to treatment) documented with prior acupuncture provided to support the reasonableness and necessity of the additional acupuncture requested. Also, the acupuncture requested is for eight visits, number that exceeding the guidelines criteria without a medical reasoning to support such request. Therefore, the additional acupuncture is not supported for medical necessity.