

<b>Case Number:</b>	CM15-0067308		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	12/18/2001
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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 66 year old female who sustained an industrial fall injury on 12/18/2001. The injured worker was diagnosed with lumbago, left knee injury, status post multiple knee interventions. Treatment to date includes diagnostic testing, surgery, physical therapy, home exercise program, acupuncture therapy and medications. The injured worker is status post right hip replacement in May 2004, left knee replacement in April 2007 and left hip replacement in February 2011. According to the primary treating physician's progress report on March 6, 2015, the injured worker continues to experience lower back and bilateral lower extremity pain. Her current pain level is rated 4/10, which is also her average for the past 2 months. The highest pain was 9/10 and decreases to 3/10 with medication. The injured worker is performing stretching and strengthening exercises at home and helps with chores. There were no significant changes in objective findings per the physician's notes. Current medications are listed as Norco, Relafen, Neurontin, Effexor XR and Biofreeze roll-on. Treatment plan consists of medications and the current request for acupuncture therapy 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 acupuncture sessions:** 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 and also state 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 specifics were documented), 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. Consequently, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, functional improvements, the additional acupuncture x 6 does not meet the guidelines criteria for medical necessity. Therefore, the requested medical treatment is not medically necessary.