

<b>Case Number:</b>	CM15-0072636		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	07/17/2008
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 47 year old female who sustained an industrial injury on 7/17/2008. Her diagnoses, and/or impressions, included: low back pain; discogenic pain; lumbar degenerative disc disease; lumbar radiculitis; lumbar post-laminectomy pain syndrome; chronic pain syndrome; status-post lumbar laminectomy; and depression. No current magnetic resonance imaging studies are noted. Computed tomography of the lumbar spine was noted on 10/6/2014. Her treatments have included cognitive behavioral psychotherapy; right & left transforaminal epidural steroid injection (8/26/13); trans-cutaneous electrical stimulation unit therapy; acupuncture treatments; and medication management. Progress notes of 4/1/2015 reported severe, radiating low back pain, improved on medication; and no difficulties with her activities of daily living. The physician's requests for treatments were noted to include additional acupuncture treatment for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions x 6 (Lumbar): 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." Despite that an unknown number of prior acupuncture sessions rendered were reported as beneficial in reducing symptoms, 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. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement, the additional acupuncture x 6 does not meet the guidelines criteria for medical necessity.