

<b>Case Number:</b>	CM15-0074369		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	02/07/2003
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 55-year-old male, who sustained an industrial injury on 2/7/03. He reported back pain. The injured worker was diagnosed as having status post anterior and posterior spinal fusion, severe back spasms, reactive depression and neuropathic pain. Treatment to date has included oral medications including opioids, physical therapy, acupuncture, and activity restrictions. Currently, the injured worker complains of severe back pain with weakness and numbness in left leg with shooting pain rated 9/10 and 4/10 with medications. The injured worker states he has 50% reduction in pain and improvement in functional improvement with medications. The treatment plan included continuation of oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

**Decision rationale:** Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined 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." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously. It is unclear how many sessions have previously been provided. Additionally, there is no documentation of specific objective functional improvement from the therapy already provided. Furthermore, it is unclear what adjunct of physical rehabilitation treatment is being provided alongside the requested acupuncture. Finally, it is unclear what functional treatment goals are hoping to be addressed with the acupuncture currently requested. As such, the currently requested acupuncture is not medically necessary.