

<b>Case Number:</b>	CM14-0143414		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/18/2006
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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. The expert reviewer is Board Certified in Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a 64 year old female patient with pain complains of neck and lower back. Diagnoses included sprain of the cervical spine, brachial neuritis, and lumbosacral sprain. Previous treatments included cervical epidural injection, oral medication, chiropractic-physical therapy, and acupuncture and work modifications amongst others. As the patient presented a flare up, a request for additional acupuncture x 6 was made on 07-25-14. The requested care was denied on 08-04-13 by the UR reviewer. The reviewer rationale was "there is no clear documentation of clinically significant improvement in daily activities, a reduction in work restrictions or a reduction in the dependency on continued medical treatments or medications as a result of previous acupuncture; therefore the medical necessity for additional acupuncture has not been established". The requested care was denied on 08-04-13 by the UR reviewer. The reviewer rationale was "there is no clear documentation of clinically significant improvement in daily activities, a reduction in work restrictions or a reduction in the dependency on continued medical treatments or medications as a result of previous acupuncture; therefore the medical necessity for additional acupuncture has not been established".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture (sessions) x 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Current 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." Prior acupuncture sessions were rendered with no clear evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture x 6 is not for medical necessary.