

<b>Case Number:</b>	CM14-0078062		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/01/1998
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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. 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 62 year old female who sustained an industrial injury on 08-01-1998. Medical records indicated the worker was treated for cervical, lumbar, and bilateral shoulder pain. In the provider notes of 04-23-2015, the worker presents with complaint of upper, mid, and lower back pain that the notes document as rated unchanged since her last visit at a 7 on a scale of 1-10. She also complains of joint pain, morning stiffness, muscle aches and muscle weakness. She denies new problems or side effects. Since her last visit, her quality of life is reported as unchanged and her social activity has remained the same. She is taking her medications as prescribed. According to worker statement, she "feels she needs more guidance with physical therapy" before she can be comfortable with home exercises. On exam, she has paravertebral muscle tenderness that is bilateral. Tenderness is noted over the posterior iliac spine on both sides. Reflexes are equal and symmetric bilaterally and her gait is without ataxia. Her medications of Butrans and Wellbutrin SR 150 are continued, and there is no description of acupuncture or her response to it. A request for authorization was submitted for 6 Additional Acupuncture treatments for the lumbar spine. A utilization review decision 05-21-2014 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Additional Acupuncture treatments for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**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." Six prior acupuncture sessions were rendered in the past without documentation of any significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with prior acupuncture provided to support the appropriateness of the additional acupuncture requested. Consequently, the additional acupuncture is not supported for medical necessity.