

<b>Case Number:</b>	CM13-0029915		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 licensed in Chiropractic and 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:

Claimant is a 49 year old male who sustained a work related injury on 1/17/2012. Six acupuncture visits were approved on 9/16/2013. Per a Pr-2 dated 7/19/2013, the claimant continues to have persistent ongoing low back pain, mostly on the right side, lumbar and right gluteal region with radicular shooting pains down the right lower extremity accompanied with numbness and tingling and terminating at the foot. The claimant states that his symptoms are aggravated by movement and with prolonged walking, standing, or any lifting. He has not been doing home exercise because of pain and his last physical therapy was about six months ago. He is on modified duty. His diagnoses are lumbar radiculopathy, lumbar sprain/strain, status post laminectomy discectomy 6/4/12, chronic pain, and muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2xwk X 6wks Back 99243-25:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is

defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial.