

<b>Case Number:</b>	CM13-0030494		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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:

The claimant is a 55 year old male who sustained a work related injury on 3/18/2011. Per a PR-2 dated 3/20/2014, the claimant has frequent and stabbing pain in the low back. The pain radiates to the bilateral hip, thigh, knee, foot, and he has numbness, tingling, and weakness in the bilateral leg. He states that medication, rest, activity avoidance, and physical therapy help his pain. He states that the pain is worse with standing, crouching/squatting, repetitive waist bending/twisting, prolonged walking (20 minutes), walking on uneven surfaces, and repetitive lifting/carrying. The claimant experiences headaches, dizziness, difficulty sleeping, mild depression, and mild anxiety. His diagnoses are lumbar spine radiculitis and lumbar spine sprain/strain. Per a prior review dated 8/23/2013, the claimant has previously received acupuncture without reported functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT ACUPUNCTURE TO THE LUMBAR SPINE 2 TIMES PER WEEK OVER 6 WEEKS:** 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 of unknown quantity and duration with no reported benefit. Since the documentation provided fails to reveal objective functional improvement associated with acupuncture treatment, further acupuncture is not medically necessary.