

<b>Case Number:</b>	CM13-0036781		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified 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 physician 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 30 year old male who was involved in a work related injury on 1/22/13. His diagnoses are a displacement of lumbar intervertebral disc without myelopathy, low back pain, and sciatica. Per a report on 12/10/2013, he is still suffering from back pain and sciatica. He has limited range of motion and positive SLR. Prior treatment includes physical therapy, acupuncture and oral medications. Per a report on 7/23/2013, the physician notes that acupuncture was helpful and was returned to work with modifications. On 8/6/2013, he is still working. Per a report on 8/27/2013, the physician notes that acupuncture was helpful but put him off work and increased his medication. There are acupuncture notes on 6/10/2013, 6/17/2013, 7/6/2013, 7/8/2013, 8/10/2013, 8/14/2013, 8/15/2013, 8/17/2013, 8/19/2013, 8/21/2013, 8/28/2013, 9/4/2013, 9/11/2013, 9/18/2013. There is no documentation of functional change in the acupuncture notes and the activity restrictions are the same. The provider mainly documents pain and frequency of pain as primary outcomes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**acupuncture, 1 or more needles, without electrical stimulation, initial 15 minutes of personal 1 on 1 contact:** 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 visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. However the provider failed to document functional improvement associated with his acupuncture visits. The claimant does not appear to have been able to reduce work restrictions and had to return to TTD while having his course of 16 acupuncture treatments. Therefore further acupuncture is not medically necessary.