

<b>Case Number:</b>	CM13-0059833		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	11/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 & 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 34 year old male who sustained a work related injury on 06/28/13. Prior treatment includes acupuncture, chiropractic, physical therapy, home exercise programs, oral medication, and selective nerve root injection. A MRI reports multilevel disc bulges and facet joint arthropathy from L3/4-L5/S1 segments. His diagnoses is lumbar sprain with features of left lower extremity radiculitis/radiculopathy. Per a PR-2 (Physician Report) dated 8/19/13, the claimant states that acupuncture does relieve his pain. Per a PR-2 (Physician Report) dated 8/29/13, the claimant is improving and acupuncture is helping. The provider states that he feels the acupuncture has made a difference in his apparent function. No other information regarding acupuncture is legible on the note. Per an orthopedic consultation dated 9/5/2013, the claimant has had 6 physical therapy and 12 acupuncture sessions. The claimant feels like acupuncture is helping somewhat. Per a Pr-2 (Physician Report) dated 10/22/2013, the claimant has pain across the low back with some radiating buttock pain. There is some dysesthesia in the left side more than the right side. The provider states that the claimant has not responded to conservative spine care and essentially failed physical therapy, NSAIDs, and muscle relaxations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Additional Acupuncture Visits for the Lumbar Spine: 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 a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had twelve sessions of acupuncture. Although the provider states that acupuncture has helped with the pain, he also states that the claimant has failed conservative therapy. Also, the provider failed to document functional improvement associated with the completion of his acupuncture visits. Therefore further acupuncture is not medically necessary.