MAXIMUS Federal Services

| Case Number: | CM13-0065071 | | |
|---|---|---|---|
| Date Assigned: | 01/03/2014 | Date of Injury: | 05/14/2013 |
| Decision Date: | 03/21/2014 | UR Denial Date: | 11/20/2013 |
| Priority: | Standard | Application Received: | 12/12/2013 |

## 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 & 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:

Claimant is a 42 year old male who sustained a work related injury on 5/14/2013. His diagnoses are lumbar spine sprain/strain, sacrococcygeal strain, mild annular bulge L5-S1, mild central canal stenosis L4-5 associated with mild foraminal stenosis. Per a Pr-2 dated 12/17/2013, the claimant has tailbone pain increased with sitting and standing. It limits sleep. There is pain with bowel movement. He has occasional spasm in the low back. There was temporary relief with the injection to the low back. The claimant has not started acupuncture but was authorized three visits on 11/20/2013. Prior treatment includes chiropractic, topical medication, injection, physical therapy, home exercise plan, and oral medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture visits for treatment to 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 either a clinically significant improvement in activities of daily living or a

reduction in work restrictions. There is no documentation of completion or of functional improvement from the authorized trial of three visits. Therefore further acupuncture is not medically necessary. If this is a request for an initial trial, eight visits exceeds the recommended guidelines for an initial trial.