

<b>Case Number:</b>	CM13-0070048		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/23/2010
<b>Decision Date:</b>	05/26/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 31-year-old female who sustained a work-related injury on 6/23/2010. The prior treatment includes physical therapy, cervical epidural injections, chiropractic, acupuncture, and oral medication. Her diagnoses are bilateral wrist derangement, forearm pain, lumbar myospasm, lumbar neuritis/radiculitis, lumbar sprain/strain, and status post bilateral carpal tunnel release. Per a progress report (PR-2) dated 7/16/2013, the provider states that she had five (5) visits of acupuncture therapy, which helped her a little bit. Per a PR-2 dated 11/5/13, she has low back pain radiating to her right leg. She also feels right knee pain, especially with climbing stairs, and increased wrist pain with cold. Her low back pain is better with rest and worse with standing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS 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:** The Acupuncture Medical Treatment Guidelines indicate that 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 prior acupuncture sessions, with no documented functional improvement. There is no indication that acupuncture would be necessary at this point in time, with no documentation of a flare-up of her condition. Therefore acupuncture is not medically necessary at this point.