

<b>Case Number:</b>	CM14-0000080		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	09/24/2002
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 has a subspecialty in 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:

Claimant is a 68 year old female who sustained a work related injury on 9/24/2002. Per a Pr-2 dated 11/13/2013, the claimant has chronic low back pain after lumbosacral fusion. Exam of the lumbar spine reveals S1 radicular pain. Her diagnoses are status post lumbar fusion, lumbar discogenic disease, lumbar radiculitis, chronic low back pain. The provider has stated that 12 acupuncture have helped tremendously. She was able to take less medication. Prior treatment has included surgery, medication, TENS, and home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS ACUPUNCTURE:** 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, however the provider failed to document

objective functional improvement associated with the completion of her acupuncture visits. The provider states that she was able to reduce medication but the quantities are unknown and not documented. It is also unknown how many total acupuncture sessions have been provided. Therefore, the request for acupuncture is not medically necessary.