

<b>Case Number:</b>	CM14-0008000		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	08/12/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 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 43 year old male who sustained a work related injury on 8/12/2013. Per an email from the adjuster on 12/20/2013, the claimant is authorized for 6 sessions of acupuncture treatment. Claimant has undergone acupuncture as there is an initial evaluation and treatment note dated 12/30/13. The claimant has low back pain mostly on the right side. It is exacerbated by prolonged sitting and standing and better with rest. His diagnosis is low back sprain/strain. Prior treatment includes oral medication, chiropractic, and physical therapy. The latest PR-2 from 10/18/2013 also notes that the claimant has elbow pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 ACUPUNCTURE VISITS, 2X3 TO THE LUMBAR SPINE; AS OUTPATIENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 2.

**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 an initial trial of acupuncture; however the provider failed to document functional improvement associated with the completion of his acupuncture visits. There is no current evaluation or notes available after the completion of his acupuncture visits. Therefore further acupuncture is not medically necessary.