

<b>Case Number:</b>	CM14-0008465		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	12/30/2013
<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 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:

Claimant is a female who sustained a work related injury on 2/21/2012. Prior treatment includes acupuncture, oral medication, physical therapy, lumbar epidural spinal injections, and chiropractic. His diagnoses are lumbar sprain/strain, degenerative disc disease, and lumbar and cervical radiculopathy. Per a Pr-2 dated 1/21/2013, the claimant states that acupuncture was provided in the past and did not provide relief. There are two acupuncture notes in February 2013 out of the eight authorized treatments in 2013. The second note reports minor improvement but no further notes are included. Per a PR-2 dated 1/24/14, The claimant has neck pain, mid back pain, low back pain, and hip pain. The hips are worse with prolonged standing and walking. The claimant has neck, thoracic, low back sprain/strain and hip pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2X4, 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 had acupuncture in the past prior to 2013. The claimant stated that there was no improvement. There were eight visits approved in 2013 and the provider noted minor improvement with the second visit. However the provider did not note any objective and sustained functional improvement with treatment and there was no examination after the completion of treatment. In regards to previous acupuncture rendered: no significant, measurable outcomes found through treatment were documented, nor were any increase in ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. Therefore further acupuncture is not medically necessary.