

<b>Case Number:</b>	CM14-0011720		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/09/2011
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Board Certified 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 41 year old male who sustained a work related injury on 11/9/11. Per a PR-2 dated 12/26/13, the claimant has constant slight left sided low back pain and occasional tingling down to the left foot. He states that prior acupuncture has helped decrease pain and tightness. Other prior treatment includes cortisone injection on PSIS, lumbar steroid injection, oral medication, physical therapy, lumbar interbody and L5-S1 instrumented fusion on 3/28/13. Per a PR-2 dated 9/24/13, the claimant has had physical therapy and acupuncture which has helped with his post operative recovery. Per acupuncture reports dated 8/29/13 to 9/24/13, the claimant had an increase of sitting tolerance from 15-45 minutes and standing from 15-30 minutes. He also had an increase of lumbar spine range of motion flexion from 75-90 degrees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX SESSIONS OF ACUPUNCTURE FOR THE LUMBAR SPINE:** Overturned

**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 a trial of acupuncture in 2013. The provider documented functional improvement associated with the completion of his acupuncture visits. The claimant was able to increase his lumbar spine range of motion, sitting and standing tolerance. As such, the request is medically necessary.