MAXIMUS Federal Services

| Case Number: | CM14-0014044 | | |
|---|---|---|---|
| Date Assigned: | 02/26/2014 | Date of Injury: | 05/22/2001 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 02/04/2014 |

## 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 & 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 sustained a work related injury on 5/22/2001. Prior treatment includes sacroiliac joint injections, nerve root ablations, L5-S1 laminectomy/discectomy, spinal cord stimulator, acupuncture, oral and topical medications. Acupuncture notes are submitted for 2/3/2014, 1/22/2014, 1/6/2014, 12/11/2013, 12/4/2013, 11/1/2013, 10/16/2013, 10/9/2013, 10/2/2013, 9/9/2013, 9/4/2013, 8/21/2013, 7/1/2013, 6/26/2013, 6/24/2013, 6/17/2013, 6/3/2013, 5/31/2013, 5/29/2013, 5/20/2013, 5/17/2013, 5/13/2013, 5/3/2014, 4/26/2013, 4/19/2013, 4/12/2013, 4/8/2013, 1/30/2013, and 1/16/2013. Her diagnoses are degneration intervertebral disc lumbar. Post laminectomy syndrome, sciatica, and SI joint pain, left foot pain, and left hand pain. The claimant is off work. Per a PR-2 dated 11/25/2013, the claimant had 70% pain relief from six sessions of acupuncture. Per a PR-2 dated 7/3/2013, the claimant has 25% pain relief, functional gain and ADL improvement from 8/8 sessions of medical acupuncture. Per a PR-2 dated 5/8/2013, the claimant had 5/8 acupuncture sessions and has excellent temporary pain relief, functional gain, and ADL improvement. Per a PR-2 dated 1/27/2013, the claimant has constant aching pain in bilateral aspects of the low back and numbness radiating down her left lower extremity. Prolonged sitting and standing alleviate her pain and walking alleviates her pain. The claimant is off work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED IN-OFFICE MEDICAL ACUPUNCTURE, LUMBAR:** 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 extensive acupuncture treatment in the recent two years; however the provider failed to document objective functional improvement associated with the completion of her acupuncture visits. It is unclear how many total acupuncture sessions have been rendered, but there were at least 27 visits in 2013 alone. Improvement appears the same from periodic reports with no objective findings. Therefore, the request for continued in-office medical acupuncture, lumbar is not medically necessary and appropriate.