

<b>Case Number:</b>	CM14-0128557		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	12/11/2006
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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:

The claimant is a 65 year old male who sustained a work related injury on 12/11/2006. Per a PR-2 dated 4/30/2014, the claimant has low back pain and pain to the left foot and leg. He has tenderness to palpation on the low back and restricted lumbar spine range of motion. He has positive Kemps and SLR (straight leg raise) upon examination. His diagnoses are lumbar sprain/strain. He is not working. There is no information submitted on prior treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 6 to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

**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. There is no information submitted on whether the claimant has had prior acupuncture. If there has been

prior acupuncture, there is no evidence of functional improvement as a result of acupuncture. Therefore, 12 visits exceed the guidelines for an initial trial and there is no evidence of functional improvement to justify any further visits. Therefore, the request is not medically necessary.