

<b>Case Number:</b>	CM14-0154604		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	06/28/2007
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Board Certified in Chiropractic, has a subspecialty 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 58 year old female who sustained a work related injury on 6/28/2007. Her diagnoses are fracture of foot, neuralgia, lumbago, lumbosacral neuritis, gait abnormality, shoulder pain, insomnia, leg pain, pelvis pain, sleep disturbance, backache, joint pain, chronic pain syndrome, lumbar spine sprain. Per a Pr-2 dated 4/20/2013, the claimant had acupuncture and physical therapy in 2012. Per a PR-2 dated 1/27/2014, the provider states that the claimant will proceed with her acupuncture treatment. Per a Pr-2 dated 8/21/2014, the claimant complains of right hip and knee pain of 6 months. She has altered gait and she is getting worse. Prior treatment includes physical therapy, acupuncture, chiropractic, work hardening, surgery, and medications. Per a prior UR-review, the claimant had 6 sessions of acupuncture in late 2013/early 2014. The provider states that the claimant has had acupuncture before and it helped her.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Additional Acupuncture (3) Times a Week for (4) weeks for the Right Foot and 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 after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.