

<b>Case Number:</b>	CM14-0181149		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	04/10/2014
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 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 24 year old female who sustained a work related injury on 4/10/2014. Per a PR-2 dated 9/18/2014, the claimant has continued with physical therapy and reports decreased pain, increased range of motion, and greater tolerance of activities. She states that her low back pain is improving but she continues to have nagging thoracic spine pain. She has also begun acupuncture and reports decreased spasm and pain. Her diagnoses are lumbar spine facet syndrome, lumbar spine MLI, lumbar spine IVD syndrome and thoracic spine sprain/strain. There is no change in objective findings from Pr-2's dated 7/3/2014 and 5/22/2014. Acupuncture is being requested for pain control. The claimant had concurrent certification for 4 chiropractic, 6 physical therapy and 6 acupuncture sessions on 7/17/2014. According to prior UR review dated 10/1/2014, the claimant has only finished 3/6 acupuncture sessions and three more sessions are valid until 7/2015. The facility withdrew the request for more visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for 6 additional sessions:** 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 mild subjective benefits. However, the provider fails to document objective any functional improvement associated with acupuncture treatment. Also the claimant has 3 remaining un-used acupuncture visits. Therefore further acupuncture is not medically necessary.