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| <b>Case Number:</b>   | CM14-0022421 |                              |            |
| <b>Date Assigned:</b> | 05/09/2014   | <b>Date of Injury:</b>       | 10/11/2011 |
| <b>Decision Date:</b> | 07/10/2014   | <b>UR Denial Date:</b>       | 02/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/21/2014 |

### 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 a Licensed 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:

The claimant is a 25 year old male who sustained a work related injury on 10/11/2011. Per a Pr-2 dated 3/7/14, the claimant has frequent low back pain with numbness and tingling into the right lower extremity. He states that his acupuncture did not provide him any relief. Diagnoses are grade 1 spondylolisthesis at L5-S1, cervical spine sprain/strain, right L4-L5 and bilateral L5-S1 foraminal narrowing and foraminal disc bulges. Prior treatment includes acupuncture, chiropractic, physical therapy, epidural injections and oral medication. He is on total temporary disability. He had six acupuncture sessions authorized as a trial on 1/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TWELVE (12) ACUPUNCTURE SESSIONS, TWICE A WEEK FOR 6 WEEKS FOR THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the MTUS Acupuncture Treatment 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. In this case, the claimant has had an initial trial of acupuncture; however the provider failed to document functional improvement associated with the completion of his acupuncture visits. In addition, the claimant has stated that acupuncture did not help. Therefore the request for twelve acupuncture sessions, twice a week for six weeks for the lumbar spine is not medically necessary and appropriate.