

<b>Case Number:</b>	CM14-0028682		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 53-year-old male who sustained a work related injury on 9/3/13. He has thoracolumbar strain and contusion. Four acupuncture visits were authorized as a trial on 2/26/2014. The claimant is on modified work. Per a PR-2 dated 2/10/2014, the claimant has sharp throbbing pain in the mid back that worsens with prolonged sitting and driving. He has low back pain to both legs and numbness and tingling to both legs. The pain is improved by heat. He also has anxiety, depression, stress, sleep difficulty, frequent headaches, drowsiness, weight gain, constant dry mouth, constipation, sexual dysfunction, and upset stomach. He has difficulty with many activities of daily living. Prior treatment has included physical therapy and oral medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2 TIMES PER WEEK FOR 4 WEEKS IN TREATMENT OF 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 evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is no documentation of completion or of functional improvement from the authorized trial of four visits. Therefore, further acupuncture is not medically necessary.