

<b>Case Number:</b>	CM14-0029152		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	09/27/2007
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 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 58 year old male who sustained a work related injury on 9/21/2007. According to a Pr-2 dated 1/10/2014, the claimant complains of thoracic, lumbar pain with myospasm, weakness with loss of range of motion as well as left knee pain, spasm, weakness, and locks with loss range of motion. He also complains of bilateral ankle weakness as well as migraine headaches. His diagnoses are carpal tunnel syndrome, rotator cuff syndrome, myofascitis, anxiety, headaches, hypertension, insomnia, lumbar spine syndrome, lumbar spine radiculitis, pain in the lumbar spine, gastrointestinal irritation, cervical spine disc syndrome, thoracic spine disc syndrome, status post bilateral shoulder and right wrist surgery, balance disorder, bilateral plantar fasciitis, and pain in the neck and upper back. Prior treatment includes shoulder and wrist surgery, epidural steroid injections, facet block and sacroiliac injections, physical therapy, psychotherapy, work conditioning, extracorporeal shockwave therapy (ESWT) therapy, oral medications, and acupuncture. Eight Acupuncture treatment notes dated 4/17/2013, 4/22/2013, 4/24/2013, 4/29/2013, 5/8/2013, and 5/13/2013 document decreasing strength and flexibility. According to PR-2 dated 5/13/2013, the claimant is about the same. Acupuncture treatment notes dated 8/24/2013, 9/9/2013, 9/11/2013, 10/9/2013, 10/16/2013 10/30/2013, 11/6/2013, 11/12/2013 also document no significant change. According to a Pr-2 dated 12/6/2013, the claimant has not changed. Acupuncture notes dated 12/18/2013, 1/8/2014, and 1/15/2013, 1/22/2014 has increasing pain levels, and worsening or no change in strength and flexibility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 SESSIONS OF ACUPUNCTURE 2 PER WEEK FOR 6 WEEKS TO 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. The employee has had at least 18 acupuncture visits in the last year. However the provider failed to document functional improvement associated with the acupuncture visits. Instead it appears that acupuncture has had no functional benefit and even has worsening effects over time. Therefore further acupuncture is not medically necessary.