

<b>Case Number:</b>	CM14-0032056		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/06/2006
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 35 male who sustained a work related injury on 4/6/06. Prior treatment includes lumbar fusion, physical therapy, acupuncture, functional restoration, topical medication, and oral medication. Per a PR-2 dated 2/28/14, the claimant continues to have low back pain radiating into the bilateral lower extremities. He also has numbness and tingling in the feet and intermittent swelling. Acupuncture is reported to have been helpful in the past. His diagnoses are lumbar disc displacement without myelopathy, status post lumbar fusion, major depression, and chronic pain syndrome. Per a PR-2 dated 2/11/14, the claimant recalls the acupuncture provided him with several days benefit and he has not had acupuncture in over a year. Per a Pr-2 dated 11/5/13, the provider notes that ongoing passive modalities including acupuncture are not in the patient's best interest.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to evidenced based guideline, 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 an unknown number of acupuncture treatments; however the provider has not provided any documentation of sustained objective functional improvement related to his acupuncture treatment. Also, the provider has stated that acupuncture is not helpful and not in the patient's best interest. Therefore further acupuncture is not medically necessary.