

<b>Case Number:</b>	CM14-0033803		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/26/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 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 41 year old female who sustained a work related injury on 12/26/2013. An MRI indicates C4-C5 and C5-C6 levels show minor disc protrusions. Xrays showed disc space narrowing in L5-S1. According to a prior UR dated 2/19/2014, the claimant has had 3 sessions of acupuncture. Her diagnoses are cervical/thoracic/lumbar strain/strain, low back pain, and back contusion. She is working modified duty. Per a PR-2 dated 1/3/2014, the claimant is somewhat improved but her back pain is bothersome. She has pain in her mid back and low back. The symptoms are better with rest and worse with motion. Prior treatment also includes oral medication, bracing, activity modification.

### 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 the MTUS Acupuncture Guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. The claimant has had a trial of acupuncture of three sessions; however the provider failed to

document functional improvement associated with the completion of her acupuncture visits.  
Therefore further acupuncture is not medically necessary.