

<b>Case Number:</b>	CM14-0041020		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	12/27/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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, has a subspecialty 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:

Claimant is a 44 year old male who sustained a work related injury on 12/27/2012. Eight visits of acupuncture were authorized on 1/21/2014. Two acupuncture visits on 2/14/14 and 2/18/14 were submitted noting slight subjective improvement. His diagnoses are bilateral wrist tenosynovitis, right carpal tunnel syndrome, lumbar spine sprain/strain, gastritis, and 4mm broad posterior central disc protrusion at L5-S1. Prior treatment includes physical therapy, work modification, oral medication, bracing, chiropractic, and acupuncture. Per a PR-2 dated 2/20/2014, the claimant reports intermediate moderate low back pain with radiation to the left leg to the foot level. The claimant reports that he only had 3 sessions of acupuncture until it expired, but he felt he was gaining some benefit from this therapy and would be interested in having a full eight sessions. The claimant ambulates with a cane.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture twice a week fro four weeks (8 units): 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 a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had a trial of acupuncture with some reported subjective benefit. However, the provider failed to document objective functional improvement associated with the completion of his acupuncture visits. Therefore further acupuncture is not medically necessary.