

<b>Case Number:</b>	CM14-0044748		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 53 year old male who sustained a work related injury on 7/2/2012. Per a progress report-2 dated 1/6/14, the claimant has sharp, throbbing headaches located at the base of the skull. He has dull achy mid back pain and muscle spasms. He has sharp, stabbing, radicular pain and muscle spasms in the low back, and hip. He also has stress, anxiety, insomnia, depression, and sexual dysfunction. The claimant states that symptoms persist but some activity makes him worse and medications offer temporary relief. His diagnoses are headaches, thoracic disc displacement, scoliosis, lumbar herniated nucleus pulposus with radiculopathy, left hip degenerative osteosclerosis, left inguinal hernia, anxiety, mood disorder, stress, and psychosocial dysfunction. He is not working. Prior treatment includes acupuncture, chiropractic physical therapy, oral medication, and topical medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2xWk X 4 Wks Thoracic and Lumbar spine, QTY: 8.00: 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 prior acupuncture of unknown quantity; however the provider failed to document functional improvement associated with the completion of his acupuncture visits. Therefore, further acupuncture is not medically necessary.