

<b>Case Number:</b>	CM14-0060326		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/27/2006
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 68 year old male who sustained a work related injury on 12/27/07. Prior treatment includes bilateral inguinal surgeries, physical therapy, injections, oral medication, acupuncture, and psychotherapy. There are 8 acupuncture notes dated 7/11/13-8/27/13 of which the last note states that low back pain is 95% better and he is able to sleep better. Per a PR-2 dated 8/5/2013, the claimant is attending acupuncture and yoga and has good benefits. Per a PR-2 dated 6/16/2014, the claimant has a significant amount of low back aching pain along with right lower extremity radiculopathy. He also continues to experience neck pain along with bilateral upper extremity radiculopathy. He has aching pain in bilateral hands, right knee pain, and pins and needles in the feet. His diagnoses are bilateral knee tendinopathy, mild shoulder acromioclavicular arthrosis, two level lumbar discopathy, and single level cervical discopathy. The claimant had acupuncture in the past with significant pain relief to the low back. Per a prior review, the claimant has had 20 sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x week x 6 weeks, Low Back:** 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 extensive prior acupuncture. There was some reported subjective benefit with the eight sessions of acupuncture in July to August of 2013. However the provider failed to document functional improvement associated with the completion of her acupuncture visits. Also the claimant has had further acupuncture and no functional improvement or subjective improvement has been documented. Therefore further acupuncture is not medically necessary.