

<b>Case Number:</b>	CM14-0064159		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/07/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 licensed 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 56-year-old female who sustained a work related injury on 11/7/2012. Per a PR-2 dated 7/12/2014, the claimant continues to have significant pain in both upper and lower extremities. She has significant neck and low back pain. Her diagnoses are cervical disc disease, cervical radiculopathy, lumbar disc disease, and lumbar radiculopathy. The claimant has had at least twelve acupuncture sessions on 10/23/2013, 10/30/2013, 11/4/2013, 11/6/2013, 11/13/2014, 2/17/2013, 2/19/2014, 2/26/2014, 3/5/2014, 3/10/2014, 3/12/2014, 3/26/2014. Per a Pr-2 dated 12/19/13 and 2/3/14, the claimant states that physical therapy and acupuncture were helping with the pain and work restrictions increased from 10 to 15 pounds. Per a PR-2 dated 3/17/2014, work restrictions increased with no stooping, bending, crouching, overhead working, or walking on uneven surfaces. Other prior treatment includes physical therapy, chiropractic, 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:

**Electro Acupuncture therapy treatment to the lumbar spine (x 12 sessions): 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 at least 12 acupuncture sessions with reported subjective benefit. Initially work restrictions did improve with acupuncture. However, work restrictions seemed to increase after the initial six sessions. Furthermore, the provider did not document functional improvement associated with the completion of her acupuncture visits. Therefore, further acupuncture is not medically necessary.