

<b>Case Number:</b>	CM14-0083880		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 a licensed Chiropractor, 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:

The claimant is a 42 year old male who sustained an industrial injury on 8/17/2014. Six sessions of acupuncture were authorized as an initial trial on 5/13/2014. Per an acupuncture report dated 6/5/2014, four session of acupuncture were provided. There are no improvements noted. Per an acupuncture report dated 5/16/2014, the claimant has pain improvement for 2 days after treatment. The claimant's lumbar flexion goes from reaching to the knee to reaching below the knee after the treatment. The last documented acupuncture visit was 6/5/14. Per a PR-2 dated 6/13/14, the claimant has ongoing, worsening pain in his back with radiation into his legs bilaterally. His pain has significantly increased. He has had some modest improvement with acupuncture. His diagnoses are lumbosacral sprain/strain, left knee sprain with patellofemoral pain, and L5-S1 discopathy with left sided disc protrusion and radiculopathy. Other prior treatment includes physical therapy and oral medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Acupuncture for lumbar spine 2x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability 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; however the provider failed to document functional improvement associated with the completion of his acupuncture visits. Just one week after a documented acupuncture visit, the claimant is having an significant exacerbation of his condition. Therefore, further acupuncture is not medically necessary.