

<b>Case Number:</b>	CM14-0100452		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/09/1999
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 injured worker is a female, who sustained an industrial injury on June 9, 1999. The injured worker was diagnosed as having lumbago. Treatment to date has included acupuncture and surgery. A follow-up dated January 2, 2014 provides the injured worker complains of right hip and low back tightness. Analgesic lotion helps. Physical exam notes decreased spasm. The plan includes heat and acupuncture. There is a request for acupuncture for dates of service (1-2-14 through 3-27-15). Acupuncture notes submitted during that time describe temporary benefits of pain relief and other subjective benefits. The claimant also sent in an appeal letter stating that acupuncture was beneficial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions (Back), Dates of Service 1/2/2014-3/27/14: 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 after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had acupuncture with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.