

<b>Case Number:</b>	CM14-0206021		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	11/14/2005
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 therapy, 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:

Claimant is a 56 year old female who sustained a work related injury on 11/14/2005. Per a PR-2 dated 11/5/2014, the claimant has completed 6/6 acupuncture treatments and has 35-40% improvement in radiating pain into the left lower extremity. She is working modified duty. Her diagnoses are lumbar spine sprain/strain, degenerative disc disease lumbar spine, left lower extremity radiculopathy, and left sacroiliac joint sprain/strain. Physical examination reveals tenderness to palpation in the low back and limited range of motion in the low back. Per an acupuncture report, the claimant has improved pain intensity from 5-6/10 to 1-2/10, decreased his medication to no intake, improved range of motion, and reduced pain area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture tx to the lumbar spine, 2 times 3 with infra lamp/medical supply/Kinesio tape:** Overturned

**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 an acupuncture trial with functional improvement of decreased medication usage, decreased pain scale, reduction of pain area, and increased range of motion. Therefore further acupuncture is medically necessary.