

<b>Case Number:</b>	CM14-0214859		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	07/30/2009
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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 40 year old male, who sustained an industrial injury on 7/30/09. The injured worker has complaints of back, neck pain and right hip pain. The injured worker reports that his back causes him the most discomfort and most impacts his ability to engage in functional movement. His pain radiates down to both lower extremities. The diagnoses have included lumbar spine herniated nucleus pulposus (HNP) with radiculopathy; mid back strain, rule out disc pathology; cervical spine herniated nucleus pulposus with radiculopathy; sleep deprivation; stress, anxiety and depression and posttraumatic headaches. Treatment to date has included lumbar fusion on July 18, 2013; X-rays of the lumbar spine that showed an increased bone bridging with no finding suggestive of pedicle screw loosening; physical therapy; epidural steroid injections on May 29, 2014 with 50% pain relief; physiotherapy and medications. The requested treatment is for acupuncture. Per a Pr-2 dated 2/6/2015, the claimant underwent a lumbar cord stimulator trial on 1/28/2015 and is reporting great pain relief. He complains of pain in the neck which radiates into the upper extremities. He has been diligent with physical therapy and a self directed therapy. Per a Pr-2 dated 1/14/2015, the claimant has had benefit from acupuncture before so he is requesting six sessions. Per a Pr-2 dated 8/5/2014, the claimant's prior acupuncture helped relieve spasms for several days as well as decrease the need for medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 prior acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.