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| <b>Case Number:</b>   | CM15-0002903 |                              |            |
| <b>Date Assigned:</b> | 01/13/2015   | <b>Date of Injury:</b>       | 05/23/2014 |
| <b>Decision Date:</b> | 03/10/2015   | <b>UR Denial Date:</b>       | 01/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/06/2015 |

### 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:

Claimant is a 29 year old male who sustained a work related injury on 5/23/2014. Per a PR-2 dated 11/19/2014, the claimant has right knee pain, neck pain radiating into his shoulders, aching pain in mid back, and aching pain in he right ankle. Prior treatment includes physical therapy, work restrictions, chiropractic, acupuncture, and medications. His diagnoses is right knee chondromalacia patella, sprain lumbosacral, sprain thoracic, back contusion, and dorsal vertebrae fracture. He is pernament and stationary. He is working modified duties. Per a Pr-2 dated 11/25/2014, the claimant reports 70% improvement and is currently attending acupuncture therapy three times a week. He notes that it has provided him significant pain relief. He has attended 3-4 sessions so far and is interested in being referred to a different acupuncturist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 4- lumbar spine, quantity 8:** 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 prior acupuncture with reported improvement. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.