

<b>Case Number:</b>	CM15-0009156		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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 63 year old male who was involved in a work related injury on 7/2/13-1/5/2014. Twelve additional acupuncture is being requested. Prior treatment includes acupuncture, chiropractic, trigger point injections, medications, and activity modification. Per a PR-2 dated 11/13/14, the claimant had pain in the low back with flare-ups at times. The pain radiates down into the right lower extremity. The symptoms increase with activity. On the examination, there was tenderness upon palpation on the lumbar spine with guarding. Range of motion in the lumbar spine is decreased. Straight leg raise is positive on the right. The claimant is not working. Per a Pr-2 dated 12/18/2014, the claimant has low back pain that radiates to the right lower extremity and symptoms increase with walking and sitting over 30 minutes. His diagnoses are lumbar disc disease and inguinal hernia. Per a report dated 11/20/2014, the claimant is permanent and stationary. He has had acupuncture in the past and his groin pain was getting better and acupuncture helps his symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture treatment, twice a week for 6 weeks, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, 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.