

<b>Case Number:</b>	CM14-0103293		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/01/2007
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Licensed in Chiropractic and 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 54 year old male who sustained a work related injury on 5/1/2007. Prior treatment includes 12 sessions of acupuncture, Lumbar Epidural Steroid Injection (LESI), and oral medication. Per a Progress report 2 dated 5/14/14, the claimant has continued neck and low back pain. He is having increasing symptoms in his low back with radiate down to his bilateral legs. He reported benefit from a lumbar steroid injection which helped his symptoms for months. His diagnoses are cervical spondylosis and neck pain, lumbar spondylosis, disc protrusion, with lower back and bilateral sciatic leg pain. Acupuncture helped with his symptomology in the past. He is permanent and stationary. Per an acupuncture note dated 10/30/2013, the claimant reports moderate pain relief and more natural gait. Activities of daily living (ADL) is still limited but with improvement. Per a prior Utilization review dated 11/27/2013, the claimant had reduced range of motion prior to the initiation of acupuncture treatment and increased medication usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Acupuncture:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had twelve sessions of acupuncture with reported subjective benefit. However, the provider failed to document objective functional improvement associated with the completion of her acupuncture visits. The claimant appears to be taking more medication and has decreased range of motion after acupuncture treatment. Therefore further acupuncture is not medically necessary.