

<b>Case Number:</b>	CM14-0116416		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 & 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 32 year old male who sustained a work related injury on 7/09/2012. His diagnoses are lumbar spine sprain/strain, lumbago, and lumbar spine disc protrusion. Per a PR-2 dated 5/6/2014, the claimant has not seen pain management and has pain in the low back. The pain is worse in the morning and at night. Prior treatment includes physical therapy, injections, and medications. Per a PR-2 dated 3/18/2014, the claimant has no change in symptoms. He has low back pain with radiation to the lower extremities with exertion. Acupuncture helps and medications are not helping with the exception of tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture #6 sessions:** 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 trial with reported subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.