

<b>Case Number:</b>	CM14-0118195		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/14/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 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 55 year old male who sustained a work related injury on 12/14/08. Per a PR-2 dated 7/15/2014, the claimant complains of low back and left leg pain. He has been attending acupuncture for flares of acute myofascial pain and is able to obtain pain relief and decreased muscle spasms for about 2-3 days. He feels the pain is becoming intolerable despite medication use. He states that acupuncture 2x a week is helpful. He also has ringing in the ears, tightness in the chest, and difficulty breathing. He walks daily for exercise and does meditation to reduce stress and pain. Prior treatment has included spinal surgery, spinal cord stimulator, psychotherapy, physical therapy, and oral medication. He is not working. His diagnoses are status post lumbar fusion, failed back surgery syndrome, chronic intractable low back pain, spinal cord stimulator with inadequate analgesia, and left lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the Low Back (12 visits):** 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 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 prior acupuncture with subjective temporary benefit. However the provider failed to document functional improvement associated with the completion of his acupuncture visits. Therefore further acupuncture is not medically necessary.