

<b>Case Number:</b>	CM14-0171409		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/04/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 a licensed Doctor of Chiropractic, has a subspecialty in 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 27 year old male who sustained a work related injury on 8/4/2013. Four additional acupuncture visits were authorized as a trial on 10/9/2014. According to prior UR review dated 10/9/14, the claimant has had at least 8 acupuncture sessions and the providers states that there was an increase in range of motion and decrease of pain. Per a PR-2 dated 9/10/2014, the claimant states that his low back pain is worse and he needs to shift position while sitting in his desk. He is having spasms more frequently. Acupuncture and medications are helping with pain. His diagnoses are lumbar disc disorder, lumbar spinal disorder, and lumbar radiculopathy. Prior treatment includes physical therapy and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Acupuncture Therapy Sessions for the Lumbar Spine: 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 and most recently four additional acupuncture visits were certified. However, the provider fails to document objective functional improvement associated with the completion of the recently authorized visits. Twelve further visits are not medically necessary without documentation of functional improvement from the already authorized four additional visits. Also, despite the provider's statement that acupuncture is helping, the provider also states that the claimant is worsening. Therefore the functional benefit of acupuncture is unclear.