

<b>Case Number:</b>	CM15-0010264		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2015

### 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 29 year old female who sustained a work related injury on 3/9/12. Per a PR-2 dated 1/5/15, the claimant has low back pain of 9/10 severity. It has increased with cold weather and attenuated with meds. Examination findings have decrease in forward flexion and tenderness in the paraspinals. Her diagnoses are lumbar degenerative disc disease, lumbosacral or thoracic neuritis, and myofascial pain. He is working modified duty of no lifting over 10 lbs and no repetitive bending or stooping, heavy or repetitive pushing or pulling. Prior treatment includes physical therapy, medications, injections, and work restrictions. Per a PR-2 dated 2/2/2015, the claimant continues to have low back pain. The treatment plan is to continue acupuncture. work restrictions remain the same. Acupuncture notes dated 1/22/15, 1/15/15, 1/8/15 were submitted with decreased pain and increased activity noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of Lumbar Acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain 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.