

<b>Case Number:</b>	CM15-0016140		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	02/03/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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 58 year old male who sustained a work related injury on 2/3/2013. His diagnoses are lumbar radiculopathy, hip pain, lumbar facet syndrome, and low back pain. Per a PR-2 dated 12/19/2014, the claimant has low back ache that is unchanged. The claimant has completed 12 sessions of acupuncture and six sessions of chiropractic. He is requesting additional sessions. Other prior treatment includes medications, lumbar epidural injections, right bursa steroid injections, total right hip replacement, and physical therapy. Examination findings show decreased range of motion in the low back of (60 degrees flexion, 20 degrees extension, 10 degrees right and left lateral bending). Lumbar facet loading and fabere is positive. right hip range of motion is restricted. He notes that right knee pain has improved. The claimant notes that he gets significant relief from acupuncture with relief from muscle spasms around SI joint for 1 day. He is permanent and stationary and is not working. Per a PR-2 dated 11/7/14, the claimant has five sessions left with his acupuncturist and gets significant relief for 1 day for muscle spasms around SI joint. Examination and work status remain the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture treatment x six (6) for the lumbar spine and sacrum: 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 of unknown quantity and duration and had temporary subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.