

<b>Case Number:</b>	CM15-0016720		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	01/23/2008
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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:

The injured worker is a 62 year old male with an industrial injury date of 01/23/2008. Follow up dated 10/22/2014 notes the injured worker is complaining of pain in neck and low back. He had completed acupuncture and noted significant improvement in his pain and improvement in his function with acupuncture. He also notes that the claimant was able to use less norco. He was prescribed 45 tablets of oxycodone. Physical exam revealed no tenderness on the lumbar facet joints. No new distal deficits were noted. Prior treatments include acupuncture, physical therapy and medications. Failed treatments were listed as lumbar radiofrequency ablation, epidural steroid injection and dorsal column stimulator. Past surgical history includes arthroplasty - total hip, left and right shoulder rotator cuff repair and right shoulder capsulorrhaphy. His diagnoses include lumbar spondylosis, cervical spondylosis, and chronic pain syndrome. Per a Pr-2 dated 12/17/2014, the claimant was able to reduce medications to only 45 tablets of oxycodone in the next two months. He is not coming in the office as frequently. Per an acupuncture report dated 11/4/2014, the claimant had improvement of low back pain from 6-8/10 to 4/10. Per a PR-2 dated 2/11/2015, the claimant is paying for acupuncture out of pocket which helps him. He is taking oxycodone for severe episodes of breakthrough pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture Sessions X6, Lumbar And Cervical 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 with functional benefits. The claimant was able to discontinue norco and is taking less oxycodone. Also he is only requiring follow up visits every two months instead of every month. Therefore since there was functional improvement, further acupuncture is not medically necessary.