

<b>Case Number:</b>	CM15-0017080		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	02/12/2010
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 59 year old female, who sustained an industrial injury on February 12, 2010. She has reported injury from a car accident. The diagnoses have included chronic neck pain, low back pain. Treatment to date has included medications, and acupuncture. Currently, the IW complains of neck and low back pain. Physical findings indicated have been tenderness and decreased range of motion of the cervical spine, and lumbar spine. A straight leg raise test is positive on the right. The records on July 2, 2014 indicate the treating physician to note that acupuncture care has not helped much. The Utilization Review indicates a subsequent report from the same physician on November 12, 2014, indicates acupuncture to be helpful. On December 26, 2014, Utilization Review non-certified acupuncture, two times weekly for six weeks, for the cervical spine and lumbar spine, based on MTUS, Acupuncture guidelines. On January 19, 2015, the injured worker submitted an application for IMR for review of acupuncture, two times weekly for six weeks, for the cervical spine and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Acupuncture sessions for cervical and 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 of unknown quantity and duration. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.