

<b>Case Number:</b>	CM15-0111044		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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 28 year old male with an industrial injury dated 07/04/2012. The mechanism of injury is documented as a ladder falling onto the injured worker's back. His diagnoses included chronic nonmalignant pain of the cervical and lumbar spine and lumbosacral radiculopathy. Prior treatment included back brace, physiotherapy, acupuncture, trigger point injection and chiropractic treatment. He presents on 04/17/2015 with complaints of chronic pain in his cervical and lumbar spine. Physical exam noted the injured worker was visibly uncomfortable wearing a back brace. Spasm and tenderness was observed in the paravertebral muscles of the cervical and lumbar spine. Pain medication was changed from Tylenol # 4 (as it was not relieving his pain) to Norco. He presented on 05/11/2015 with headaches and low back pain radiating to right leg. Treatment plan included physical therapy and acupuncture. The request is for acupuncture 1 times 4 to the lumbar spine. Per an acupuncture report dated 12/18/14, 3/10/15, and 4/16/15, 4/21/2015, and 5/25/2015, the claimant has had no change with acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 x 4 to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 46, 98-99.

**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 with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.