

<b>Case Number:</b>	CM15-0120509		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	04/16/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 46-year-old male who sustained an industrial injury on 04/16/14. Initial complaints and diagnoses are not available. Treatments to date include medications and acupuncture. Diagnostic studies are not addressed. Current complaints include chronic pain in the lumbar spine with radiation to the lower extremities. Current diagnoses include chronic nonmalignant pain of the cervical and lumbar spines, and chronic cervical and lumbosacral radiculopathies. In a progress note dated 04/15/15, the treating provider reports the plan of care as unspecified medication and acupuncture. The requested treatment includes acupuncture to the cervical and lumbar spines. Per the documentation, the injured worker has received acupuncture in the past with reported increased range of motion and functional capacity status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient acupuncture treatment to the cervical and lumbar region, two (2) times a week over three (3) weeks:** 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 benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.