

<b>Case Number:</b>	CM15-0126864		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	01/24/2015
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 33 year old male, who sustained an industrial injury on 1/24/2015. He reported back pain after lifting a heavy metal trash can full of debris. The injured worker was diagnosed as having thoracic/lumbar sprain/strain, pain in thoracic spine, and lumbago. Treatment to date has included diagnostics, physical therapy, acupuncture, chiropractic, and medications. On 4/21/2015, the injured worker was documented to have only completed 4 acupuncture sessions to date and reported it helping a bit. Currently (5/19/2015), the injured worker complains of constant pain in his upper back, accompanied by stiffness and limited range of motion, and he reported weakness in his bilateral legs and occasional headaches. He reported no benefit with current physical therapy. Pain was rated 10/10. He and his spouse declined any spinal procedures and only wanted acupuncture and then physical therapy. He was not working. Current medications included Norco and Soma. The treatment plan included additional acupuncture for the lumbar spine, 2x4. Per a Pr-2 dated 5/15/15, the claimant is requesting acupuncture which he states helped a lot. Per a PR-2 dated 6/17/2015, the claimant has done some physical therapy that made him worse and some acupuncture in the past that made him better.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture 2x4 for lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain 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 mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.