

<b>Case Number:</b>	CM13-0014352		
<b>Date Assigned:</b>	10/03/2013	<b>Date of Injury:</b>	09/16/2003
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in California. 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 physician 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/services.

### 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 patient is a 58-year-old female with a date of injury of 9/16/2003. According to the progress report dated 8/22/2013, the patient was complained of having difficulty with the neck and lower back pain as well as bilateral knee pain. Significant objective findings include cervical paraspinal tenderness, bilateral trapezial spasms, and decrease cervical range of motion with shooting type of pain into the bilateral upper extremities. The patient had tenderness in the lumbar spine as well as muscle spasms. There was pain with range of motion in the lumbar spine. Apley's test and McMurray were positive and there was effusion noted in bilateral knees. The patient's diagnosis includes cervical and lumbar spine disc bulge, bilateral knee meniscal tear, gastroenterology issues, clinical anxiety-depression, hypertension, and fibromyalgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) sessions of acupuncture:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The Acupuncture Medical Treatment Guidelines recommends acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments, with a frequency of 1 to 3 times a week over 1 to 2 months, to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented. The patient experienced neck, low back,

and knee pain. The patient had chiropractic as well as physical therapy, but not acupuncture. A trial of 3-6 treatments may be warranted at this time.