

<b>Case Number:</b>	CM13-0022994		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 Anesthesiology has a subspecialty in Pain Medicine 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

43 year old male injured worker with DOI 7/23/12. UR was performed 8/15/13, and the most recent provider note reviewed for that determination was 8/1/13 note by [REDACTED]. 12 acupuncture sessions had been requested, but only 6 were been approved. He has suffered spine and flank pain which has been refractory to medications and physical therapy. His bone scan shows findings consistent with old left sided rib fractures. Underwent ORIF for distal radius fracture. 8/31/12 provider record notes trial of muscle relaxants and topical compounded cream. On 11/12/13 acupuncture and chiropractic care (12 sessions each) was requested; this may be a request for additional sessions beyond the initial 6 authorized, however it is not clear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) outpatient acupuncture sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

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

**Decision rationale:** The California MTUS citation above notes "Acupuncture can be used to reduce pain", and maximum 6 sessions are indicated for initial trial of acupuncture. Also states acupuncture "may be used as an adjunct to physical rehabilitation." Physical therapy has been

initiated, so acupuncture can be tried as an adjunct to PT and chiropractic care. Injured worker met MTUS criteria for acupuncture trial, however only 6 sessions are recommended for initial trial, not the 12 sessions requested, so the requested 12 sessions are not medically necessary.