

<b>Case Number:</b>	CM13-0034041		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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. The expert reviewer is licensed in Chiropractics and 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 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/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:

The injured worker is a 40 year old female who reported neck, low back, and hip and knee pain from injury sustained on 1/23/13 due to a fall. MRI of the right knee was unremarkable. MRI of the right hip revealed degeneration and slight fusion. Patient was diagnosed with cervical pain, right hip pain and right knee pain. The patient has been treated with medication, cortisone injection and physical therapy. Primary treating physician is recommending 12 initial session of acupuncture. Per notes dated 009/24/13, patient complaints of constant achy sharp pain of right hip radiating to the back and right leg. Patient has numbness and tingling on right arm. Pain is rated at 10/10. Per notes dated 11/5/13, patient has constant pain in her neck. Pain varies with activity; nothing seems to help with pain. The patient also complains of right hip and low back pain which is constant and frequent. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior care. The patient hasn't had any long term symptomatic or functional relief with care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) ACUPUNCTURE THERAPY SESSIONS:** Upheld

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

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

**Decision rationale:** Per California MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9 states "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". The patient hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. California MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.