

<b>Case Number:</b>	CM13-0052174		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Acupuncture and is licensed to practice in New York. 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 applicant is a male employee who has filed a claim for an injury to his cervical and lumbar spine, and left shoulder. The incident occurred on 7/31/12 while the applicant was involved in a motor vehicle accident, whereby a recreational vehicle's door slammed shut onto the applicant, injuring the aforementioned areas. Current diagnosis is cervical and lumbar radiculopathy associated with numbness and tingling down the left upper extremity and bilateral lower extremities, shoulder pain and bicipital tendinopathy. Important to state, the applicant has an original and separate claim for an injury to his back that occurred on 8/11/08. On 11/06/13, the physician submitted a request for a trial of acupuncture of six visits to evaluate/treat low back, neck, right hip, right knee, and bilateral feet/ankle pain to reduce pain level, increase range of motion, and enhance functional capacity. Since this second occurrence, the applicant's treatment consisted of, but not limited to physical therapy and rehabilitation, orthopedic care, tens unit, MRI of the cervical and lumbar spine, X-rays, electro-diagnostic and nerve conduction study of the left lower limb, and pain and anti-inflammatory medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIAL OF THE LOW BACK NECK RIGHT HIP RIGHT KNEE AND BILATERAL FEET/ANKLE QTY:6.00: Upheld**

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

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

**Decision rationale:** Evaluating initial acupuncture care is based on utilizing the MTUS guidelines for acupuncture medical treatment. MTUS recommends an initial trial of 3-6 visits of acupuncture. Additionally, MTUS recommends acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Further acupuncture, beyond an initial trial depends upon functional improvement, as defined by MTUS. There is no clinical data provided by the treating physician regarding a decrease or intolerance to his medication, recent involvement in physical rehabilitation program or surgical intervention recently. There is no evidence of a reduction in the dependency on continued medical treatment. In fact, this original request includes other requests for medications to continue or to add. Therefore, given the MTUS guidelines for acupuncture care detailed above, the original request of six sessions of acupuncture is not medically necessary.