

<b>Case Number:</b>	CM13-0054230		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Board Certified in Occupational 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 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:

This is a 57 year old female who has reported widespread pain and other symptoms after an injury on 2/14/13. Symptoms are reported in the back, all extremities, and head. Imaging tests were normal. Treatment has included chiropractic care, medications, physical therapy, and many specialist referrals. Diagnoses have included a head contusion, spine strain, headaches, carpal tunnel syndrome, and radiculopathy. Her primary treating physician released her from care with no work restrictions as of 8/8/13. She has subsequently seen other physicians. One of the treating physicians evaluated the injured worker on 10/2/13, noted widespread pain and other symptoms, and prescribed chiropractic care, acupuncture, more tests, more medications, and more referrals. There was no discussion of the specific indications for acupuncture. On 11/8/13, a utilization review determination non-certified 12 visits of acupuncture based on the lack of indications per the MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2XWK X6WKS CERVICAL/THORACIC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES.

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

**Decision rationale:** Per the MTUS Acupuncture Treatment Guidelines, 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. The treating physician has not provided the specific indications for acupuncture as listed in the MTUS Guidelines. There is no discussion of issues with pain medications, or functional recovery in conjunction with surgery and physical rehabilitation. An initial course of acupuncture is 3-6 visits per the MTUS Guidelines. The prescription is for 12 visits, which exceeds the quantity recommended in the MTUS Acupuncture Guidelines. The request is not medically necessary and appropriate.