

<b>Case Number:</b>	CM13-0071536		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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, has a subspecialty in Addiction Detoxification 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 represented male [REDACTED] since 1999 who filed a claim for an industrial injury which occurred on 7/24/12 while the applicant attempted to break up a fight between inmates and gently lifted a female from harm. The applicant complains of bilateral shoulder, neck, back, elbow and wrist pain. Since this incident, the applicant has received conservative treatments consisting of physical therapy sessions, prior acupuncture sessions, multiple EMG/NCV studies indicating moderate carpal tunnel syndrome, multiple MRI's of his bilateral shoulders, cervical spine and lumbar spine, EMG/NCV studies, anti-inflammatory medication, Tylenol, and put on modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TIMES SIX (6) SESSIONS FOR THE LUMBAR AND CERVICAL SPINE:** Upheld

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

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

**Decision rationale:** The medical records submitted for review show the claimant has had prior acupuncture sessions without any real benefit or evidence of objective functional improvement. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if functional improvement as defined in section 9792.20f exists and is documented. Therefore, additional acupuncture therapy is not medically necessary.