

<b>Case Number:</b>	CM13-0072005		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	12/02/2009
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 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 female employee who has filed an industrial claim for treatment for her neck, left shoulder, and low back pain. The injury occurred on 12/2/09. The most recent report from her treating physician indicates her level of pain is a 1/10 with medications and a 3/10 without medication. The initial evaluation from the treating acupuncturist states that the applicant twisted her ankle walking down stairs, and fell while hanging on to the railing, twisting her lower back. The claimant has returned to work on full duty with no restrictions, as of 5/22/13. Treatments include prior acupuncture sessions, pain and anti-inflammatory medication, Traumeel and Medrox patches. The most recent treating physician's report submitted (prior to this request) is dated 11/19/13 and notes that the applicant has a significant pain reduction with the last round of acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 ACUPUNCTURE TREATMENTS, 1 X 6: Upheld**

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

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

**Decision rationale:** A request for additional acupuncture is considered based on the MTUS recommendations for acupuncture, which includes the definition of functional improvement. The applicant received an initial round of acupuncture care of six visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is assessed in light of functional improvement. After combing through the provided medical records, there is no documentation of clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, the applicant was already back to full work duty with no restrictions five months prior to the initial acupuncture session. Her work status did not change due to this treatment. Therefore, these additional six sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement as defined by MTUS.