

<b>Case Number:</b>	CM14-0004133		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 of the [REDACTED] in an administrative role revolving around a lot of deskwork who filed a claim for a cumulative industrial injury affecting her neck, lower back, and left shoulder. Immediately following the incident back on 8/30/10, she immediately felt sharp pain in between her shoulder blades and into her neck. She had MRI's obtained; positive for disc disease in the lower back. Other conservative care provided includes massage therapy, physical therapy, acupuncture care, home tens unit, chiropractic care, hot/cold wraps and pain management with anti - inflammatory medication and pain medication. Sacroiliac injections also performed. At the date of the determination, 12/19/13, the claim administrator modified the original request from twelve acupuncture visits to three visits stating the original request exceeds the MTUS guideline recommendations for an initial course of acupuncture therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR ACUPUNCTURE X12 SESSIONS:** Upheld

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

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

**Decision rationale:** Evidently, conservative modalities have not had great results of functional improvement or benefit to her condition, but she had stated, subjectively, that the prior acupuncture care helped her, so a modified course from twelve acupuncture sessions to three as an initial course of acupuncture is certified. The original request for twelve exceeds the MTUS, section 9792.24.1 guidelines for an initial course of acupuncture to establish functional improvement for the applicant. Therefore the request is not medically necessary.