

<b>Case Number:</b>	CM14-0128715		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Chiropractic and Acupuncture 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:

Claimant is 34 year old female who sustained a work related injury on 9/6/2013. Prior treatment includes trigger point injections, chiropractic, physical therapy, acupuncture, steroid injections, and medications. Per a PR-2 dated 3/27/2014, the provider states that a recent trial of acupuncture treatments as well as trigger point injections in the low back were ineffective. Per a Pr-2 dated 2/25/2014, the provider states that acupuncture is not very effective for her. As a result, we will go ahead and stop the acupuncture trial after the initial six visits. Her diagnoses are sprain of the right wrist/ankle/lumbar, lumbar strain with myofascial pain, lumbosacral neuritis, right rotator cuff tendinitis, right de Quervain's tenosynovitis, and left ankle sprain. Per a Pr-2 dated 9/24/2014, the claimant is unchanged and continues to have pain in the right wrist and low back with numbness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture visits times 6:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture and the provider reported no benefit. The provider discontinued prior acupuncture because it had no efficacy. There is no documentation on why acupuncture would now be effective. Therefore further acupuncture is not medically necessary.