

<b>Case Number:</b>	CM14-0155421		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	06/29/2013
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 a licensed Acupuncturist and is licensed to practice in New York and Connecticut. 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:

According to the records made available for review, this is a 44 year old male patient with a 6/29/2013 date of injury resulting from a slip and fall. He does not appear to be a cervical spine surgical candidate. He is also complaining of pain in the thoracic spine, right knee, right shoulder, and right ankle. Based on the 8/6/14 report, patient had no prior acupuncture. According to the PR-2s and records in this file, at the time of this request for authorization of acupuncture, X12 there is documentation of main subjective pain complaints on the above, with objective positive findings including tenderness on the cervical spine radiating into the right upper trapezius. and limited range of motion. He takes oral medication and had chiropractic care. He underwent MRI scans of his neck and brain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 x 12:** Upheld

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

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

**Decision rationale:** In order to support the medical necessity for acupuncture based on MTUS guidelines, an initial trial of acupuncture may be warranted in the presence of positive objective

findings from the acupuncturist as an initial trial of 3-6 treatments up to 1-2 months with a maximum duration of 14 sessions. Beyond 3-6 treatment sessions, the acupuncturist is obligated to document functional improvement. The request for 12 sessions is not supported by MTUS guidelines which recommends only 3-6 sessions as an initial trial. California Medical Treatment guidelines section 24.1 states "Acupuncture treatments may be extended if functional improvement is documented and it is defined in section 92.20 "either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during history and physical examination performed and documented. Therefore Acupuncture care X12 is not medically necessary.