

<b>Case Number:</b>	CM14-0023657		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	01/21/2009
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 licensed in 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:

The claimant is a 59 year old female who sustained a work related injury on 1/21/2009. Her diagnoses are carpal tunnel syndrome, derangement of medial meniscus, rotator cuff sprain/strain, and thoracic or lumbosacral neuritis or radiculitis. Prior treatment includes right shoulder arthroscopy and subacromial decompression on 4/19/2013, physical therapy, chiropractic, acupuncture, interscalene block, physical therapy, and oral medication. The claimant has had prior acupuncture. Per a report on 3/21/2010, the acupuncturist states that the claimant has been undergoing acupuncture since 12/14/2009 with relief of pain, increased range of motion, and increased ability to perform activities of daily living. However, the only objective finding is slight increases in range of motion in lateral flexion of the lumbar spine. Per a PR-2 dated 2/19/2014, the claimant has lower back pain radiating to the left lower extremity. She also has right shoulder pain from ambulating with a one point cane due to her back pain. She is scheduled for lumbar decompression surgery on 2/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE CONSULTATION, TREATMENT AND FOLLOW UPS FOR THE LUMBAR SPINE:** 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 visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had an initial trial in 2009-2010; however, the provider failed to document significant functional improvement associated with the completion of her acupuncture visits. In addition, the last report states that the claimant is scheduled for surgery and there is no updated report regarding the outcomes of the surgery. If surgery has been performed, there may be a need for post surgical therapy. However, the current documentation does not demonstrate any reason why acupuncture would yield different results than the prior trial at this point. Further acupuncture is not medically necessary. There is also no need for a consultation from an acupuncturist. The claimant already gets periodic examination from her primary treating physician and there is no documented need for a specific acupuncture examination.