

<b>Case Number:</b>	CM14-0026366		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Occupational & Preventative Medicine 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 patient is a 65 year old female with a date of injury of 4/26/2012. Most recent progress report 1/21/2014 ( ) indicated flare up of intermittent moderate low back pain, intermittent moderate neck pain, and low back spasms. Examination revealed tenderness to palpation, restricted range of motion, and muscle spasms about the paracervical musculature, left trapezius, right wrist/hand (diffusely), lumbar paravertebral musculature, and medial and lateral bilateral knee joint line. In addition, weakness in right grip strength, positive straight leg raise bilaterally, weakness and instability in the knees, and ambulating using a single point cane was noted. Diagnoses were cervical spine sprain/strain with radicular complaints; right shoulder rotator cuff tendonitis/bursitis/impingement; left shoulder rotator cuff tendinitis/bursitis; right wrist CMC joint degenerative arthritis; lumbar spine sprain/strain; right hip contusion/fracture by history and MRI results of osteoarthritic changes; and bilateral knee sprain/strain/contusion. Treatment include request for acupuncture visits. Of note, the patient had 22 visits of acupuncture since 2012. The request for additional acupuncture was denied on 2/5/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TWO SESSIONS PER WEEK FOR FOUR WEEKS TO THE CERVICAL AND LUMBAR SPINE:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines recommend an initial course of acupuncture therapy. The frequency suggested is one to three times per week for an optimum duration of one to two months. From the treatments, the time frame to produce functional improvement is within three to six treatments. Functional improvement is defined as either a clinically significant improvement in activities of daily living or reduction in work restrictions as measured during the history and physical examination. Acupuncture treatments may be extended if functional improvement is documented as defined above. At this time, acupuncture visits are not indicated. A review of submitted documents noted the patient received 22 acupuncture visits since 2012 without documented functional improvement. The cited guidelines do not warrant that many or further acupuncture visits. Therefore, the request for acupuncture visits is not medically necessary.