

<b>Case Number:</b>	CM14-0030525		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Florida. 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 39-year-old male who had sustained an industrial injury on 10/25/13. The patient was working as a truck driver at the time of injury. As he was going to pick up a load, he drove under a low bridge and hit the top of his truck. At the time of impact, he felt neck, upper back, bilateral shoulders, bilateral arm, bilateral knee and bilateral ankle pain. The patient's current diagnoses are: Lumbago, Lumbar radiculitis, Pain in the thoracic spine and enthesopathy of the hands/wrists. The documentation shows that the patient received chiropractic care and acupuncture for his injuries. A 2/6/14 SOAP note shows that therapy helps a little, but the patient wished to discontinue. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course of acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two times a week for six weeks to lumbar and thoracic spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The patient is a 39-year-old male that sustained an industrial injury on 10/25/13. The patient was working as a truck driver at the time of injury. As he was going to pick up a load, he drove under a low bridge and hit the top of his truck. At the time of impact, he felt neck, upper back, bilateral shoulders, bilateral arm, bilateral knee and bilateral ankle pain. The documentation provided shows that the patient received chiropractic and acupuncture care. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1), acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented, as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions, and the objective findings from the provider are unknown. The medical necessity for the request has not been established.