

<b>Case Number:</b>	CM14-0050227		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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, has a subspecialty 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 patient is a 58-year-old female with a date of injury of 1/17/13. According to the progress report dated 3/6/14, the patient complained of progressive pain in her neck, upper back, mid-back, low back, right elbow, and left hip over the past year. The pain from the neck radiates down to right upper extremity. The patient denied any radiation to the lower extremity. Her pain scale is at a 7/10. The pain was throbbing, cramping, and shooting in nature. The pain was aggravated by prolonged sitting, reaching, and doing overhead activities. The patient reported getting relief from medication, ice, and compression. The patient noted that the pain does not interfere with sleep, concentration, mood, work, recreation, or family function. The patient has restricted ranges of motion in the cervical spine as well as the lumbar spine. There was tenderness noted over the cervical paracervical muscles, rhomboids, trapezius, and over the groin. Spurling's maneuver cause pain in the muscles, but did not cause radicular symptoms. Adson's test was negative. The patient was unable to walk on heels or toes. The lumbar facet test was positive. Stretch of the piriformis, straight leg test, and Babinski sign was negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture time twelve sessions.:** 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 acupuncture for chronic pain. The guidelines recommend an initial 3-6 visits and, with documentation of functional improvement, acupuncture sessions may be extended. The patient did not have any acupuncture care in the past. Therefore, the patient was a candidate for an acupuncture trial. There was no documentation of the patient having completed the acupuncture trial. Therefore, additional acupuncture beyond the 6 trial visits is not medically necessary. The provider's request for 12 acupuncture sessions is not medically necessary at this time.