

<b>Case Number:</b>	CM15-0004570		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	08/25/2007
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 injured worker is a 47 year old female who sustained an industrial injury reported on 8/25/2007. She has reported achy, sharp right shoulder pain with intermittent numbness. The diagnoses have included myofascial pain syndrome; lumbar spine strain; and bilateral lumbosacral radiculopathy. Treatments to date have included consultations; diagnostic imaging studies; physical therapy; acupuncture treatments; and medication management. The work status classification for this injured worker (IW) is noted to not be back to work. On 12/11/2014 Utilization Review (UR) non-certified, for medical necessity, the request for acupuncture 2 x a week for 4 weeks, the Medical Treatment Utilization Schedule, acupuncture, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture; eight (8) visits (2x4): Upheld**

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 2X4 acupuncture sessions which were non-certified by the utilization review. Provided documented lack the amount of acupuncture visits administered and the outcome of the treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.