

<b>Case Number:</b>	CM15-0005628		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	07/14/2003
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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:

This injured worker is a 42 year old female, who sustained an industrial injury on July 14, 2003. The injured worker reported lumbar pain. The diagnoses have included lumbar radiculopathy. Treatment to date has included pain medication, injection and acupuncture treatments. Current documentation dated November 12, 2014 notes that the injured worker had no significant improvement from the prior visit. She complained of low back pain and worsening bilateral hand and wrist pain. Physical examination of the lumbar spine revealed tenderness and spasms of the lumbar spine. Range of motion was restricted. Straight leg raise was positive on the right. Hand examination revealed a cast on the left hand. The right elbow showed tenderness to palpation and laxity of the elbow with varus stress. Right wrist examination showed tenderness to palpation of the joint line and reduced grip strength. Crepitus was noted with movement. On December 22, 2014 Utilization Review non-certified a request for Acupuncture three times a week for four weeks to the bilateral upper extremities with massage. The MTUS, Acupuncture Medical Treatment Guidelines were cited. On January 12, 2015, the injured worker submitted an application for IMR for review of Acupuncture three times a week for four weeks to the bilateral upper extremities with massage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3 times a week for 4 weeks Lumbar and bilateral upper extremities with massage:** 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 3X4 acupuncture treatments which were non-certified by the utilization review. 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. Furthermore requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.