

<b>Case Number:</b>	CM15-0007126		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	05/31/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 51 year old male, who sustained an industrial injury on May 31, 2012. The injury was a result of cumulative trauma. The diagnoses have included cervical, thoracic and lumbar strain with myofascial pain, C5-6 degenerative disc disease, multilevel thoracic degenerative disc disease, L4-5 and L5-S1 degenerative facet changes and possible bilateral cervical radiculopathy versus carpal tunnel syndrome versus peripheral polyneuropathy. Treatment to date has included physical therapy, exercise program, epidural injections, diagnostic studies and medications. Currently, the IW complains of neck and pack pain. The pain was rated as a 7 on a 1-10 pain scale. On December 26, 2014, Utilization Review modified a request for acupuncture x10 sessions cervical, thoracic and lumbar spine to 6 sessions of acupuncture for cervical, thoracic and lumbar spine, noting the California Medical Treatment Utilization Schedule Guidelines. On January 13, 2015, the injured worker submitted an application for Independent Medical Review for review of acupuncture x10 sessions cervical, thoracic and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the cervical, thoracic and lumbar spine; 10 sessions: Upheld**

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

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

**Decision rationale:** Patient has not had prior Acupuncture treatment. On December 26, 2014, Utilization Review modified a request for acupuncture x10 sessions cervical, thoracic and lumbar spine to 6 sessions of acupuncture for cervical, thoracic and lumbar spine, noting the California Medical Treatment Utilization Schedule Guidelines. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 10 Acupuncture visits are not medically necessary.