

<b>Case Number:</b>	CM15-0009130		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	09/09/1999
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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 male patient, who sustained an industrial injury on 09/09/1999. A primary treating visit dated 08/20/2014 reported a diagnostic impression of chronic pain state/chronic headaches; atypical chest pain; gastroesophageal reflux disease; anxiety/depression; overweight; insomnia with obstructive sleep apnea; erectile dysfunction; dyslipidemia and bilateral tinnitus. The patient is reported as unable to obtain any appropriate employment due to industrial injuries. On 12/22/2014 Utilization Review non-certified the request for acupuncture sessions, noting the CA MTUS Acupuncture Guidelines was cited. The injured worker submitted an application for independent medical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x/ week for 5 weeks:** 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 Guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits with a frequency 1-3 times a week over 1-2 months. The guideline states that acupuncture may be extended if there is documentation of functional improvement. Based on the medical records, the current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. The provider's request for a total of 10 acupuncture session exceeds the guideline for an initial trial; therefore, the provider's request is not medically necessary at this time. Additional acupuncture session beyond the initial trial is warranted with documentation of functional improvement.