

<b>Case Number:</b>	CM15-0134599		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	08/06/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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 35-year-old male with an industrial injury dated 08/06/2014. The injury is documented as occurring when he fell on his left knee and low back. His diagnoses included left knee pain and low back pain. Prior treatment included left knee brace. He presents on 04/28/2015 for follow up evaluation with complaints of left knee and low back pain. Physical exam noted spasm of the right side of his back and pain upon arising from the flexed position. There was full range of motion of left knee with slight swelling. Treatment plan included acupuncture and medications. The injured worker was put on temporary total disability for the next 30-45 days. The request for Norco 10/325 mg # 120 was not listed on the application. The request for review is for acupuncture two times four.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 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 not had prior Acupuncture treatment. Provider requested initial trial of 8 acupuncture sessions which were non-certified by the utilization review. 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. Acupuncture is used as an option when pain medication is reduced or not tolerated, which was not mentioned in the provided medical records. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.