

<b>Case Number:</b>	CM15-0141563		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	04/17/2010
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: 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 49 year old male, who sustained an industrial injury on April 17, 2010. Treatment to date has included medications, home exercise program, Kenalog injection, work modifications and anti-depressants. Currently, the injured worker complains of a flare up of low back pain, bilateral elbow pain and shoulder pain. He reports that his medications provide a 60% improvement in his symptoms. His medication regimen includes Norco and Robaxin. On physical examination the injured worker's gait is mildly antalgic and his bilateral grip strength is 5-5. He has 2+ reflexes in the bilateral upper extremities and the bilateral lower extremities. Gross sensation is intact and he has tenderness to palpation over the bilateral acromioclavicular joint areas. The diagnoses associated with the request include flare up of low back pain, bilateral elbow pain and shoulder pain. The treatment plan includes acupuncture for the shoulder, elbow and low back, home exercise program, and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for shoulder, elbow, and low back:** Upheld

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self-care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 8 visits, number of sessions that exceeds the recommended guidelines criteria without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.