

<b>Case Number:</b>	CM15-0141595		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	04/19/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/18/2015
<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: 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 29-year-old female, who sustained an industrial injury on 4-19-2014. The mechanism of injury was not noted. The injured worker was diagnosed as having thoracic musculoligamentous injury, thoracic strain-sprain, lumbar radiculopathy, and lumbar strain-sprain. Treatment to date was not documented. Per the single progress note submitted (5-27-2015), the injured worker complains of intermittent and moderate upper and mid back pain and stiffness, rated 5 out of 10, and intermittent low back pain and stiffness with radiation to both legs, with numbness and tingling, rated 7 out of 10. She was to remain off work until 7-01-2015. Follow up with pain management was scheduled. Current medication regimen was not noted. The treatment plan included acupuncture to reduce pain and spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture once (1) a week for six (6) 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 guidelines states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient has had acupuncture treatments authorized in the past. However, there was no documentation of functional improvement from prior acupuncture care. Therefore, the provider's request for 6-acupuncture session is not medically necessary at this time.