

<b>Case Number:</b>	CM15-0143378		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	04/20/2007
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 60 year old female who sustained an industrial injury on 4-20-07, per the application for independent medical review. However, the 6-18-15 Qualified Medical Examiner (QME) report indicates that the date of injury was 1-5-10. The initial symptoms and exact nature of the injury are unavailable in the medical records for review. On the most recent exam, dated 6-18-15, the injured worker presented to the office for a refill of medications. She complained of continued low back pain, which reportedly was a "flare up 2 weeks ago". The pain radiates to both lower extremities. She has diagnoses of Shoulder Impingement, Lumbar Radiculopathy, Internal Derangement of Knee, Anxiety Disorder, Recurrent Dislocation of Shoulder, and Abnormal Weight Gain. Her conditions are being managed with medications and she has found acupuncture to be helpful in the past. Tramadol was discontinued and she was started on Hydrocodone at this visit. The requested service is for acupuncture three times per week for four weeks to aid in relief of symptoms of her back, left knee, and left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3x4 weeks for low back, left knee and left shoulder: Upheld**

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 3X4 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 3X4 acupuncture treatments are not medically necessary.