

<b>Case Number:</b>	CM15-0160219		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	11/29/2013
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Montana

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 39 year old female, who sustained an industrial injury on 11-29-13. The injured worker has complaints of neck, upper back and left shoulder pain. The diagnoses have included shoulder joint pain and neuropathic pain. Treatment to date has included magnetic resonance imaging (MRI) of the thoracic spine on 3-31-14 reveal T8-T9, 11 millimeter times 7 millimeter broad-based mass, which appears to be intradural, extramedullary or less likely extradural, the mass is displacing the spinal cord posteriorly and compressing it; T9-T10 and L1-L2 transpedicular approach including bilateral decompression at T9-T10 and L1-L2; magnetic resonance imaging (MRI) on 10-24-14 showed large irregular collection within the laminectomy defect, worrisome for abscess; laminectomy of T9 and T10, bilateral medial facetectomy and foraminotomy at the left T9, T10 level, bilateral laminectomy of L1 and L2, bilateral medial facetectomy and foraminotomy L1, L2 posterior spinal fusion on 10-27-14; physical therapy; acupuncture; massage; medications and therapeutic exercises. The request was for continue acupuncture x 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue Acupuncture x 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review due to lack of functional improvement. The decision was appealed stating "the patient has been participating in therapy and last progress report 11/12 functional goals were met and has added 5 new functional goals"; "patient has tapered off of oxycontin and now only using prn short acting oxycodone". Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.