

<b>Case Number:</b>	CM15-0162461		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 63 year old male with an industrial injury dated 09-10-2014. The injured worker's diagnoses include left mandibular fixation, status post-surgery maxillomandibular fixation (ORIF) and extraction of tooth. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07-09-2015, the injured worker reported pain and discomfort in the jaw and chin. The injured worker also reported headache. Objective findings revealed loss of four teeth, tenderness and swelling. The treating physician prescribed services for electro-acupuncture with infrared heat and myofascial release 2 x 6, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro-acupuncture with infrared heat and myofascial release 2 x 6 = 12: Upheld**

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

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

**Decision rationale:** Provider requested initial trial of 12 electro-acupuncture sessions with infrared heat and myofascial release which were modified to 6 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. Per guidelines and review of evidence, 12 electro-acupuncture with infrared heat and myofascial release visits are not medically necessary.