

<b>Case Number:</b>	CM15-0169631		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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 61 year old female, who sustained an industrial-work injury on 6-9-14. She reported initial complaints of pain to upper and lower back after a slip-fall to floor. The injured worker was diagnosed as having lumbago, lumbosacral neuritis, cervicgia, sprains-strains of lumbar, thoracic, knee internal derangement. Treatment to date has included medication, diagnostics, modified duty, therapy (at least 14), LSO (lumbosacral orthotic) brace, acupuncture (8 sessions- 4 used and 4 pending), and ESI (epidural steroid injection), and aquatic therapy. Currently, the injured worker complains of moderate to severe headache, memory deficit, neck pain, stiffness, and cramping radiating to the left shoulder and upper extremity, low back pain, left shoulder pain, left-right knee pain, and depression. Per the initial evaluation on 5-26-15, exam noted a slow antalgic gait, decreased range of motion in the lumbar spine, hip strength of 3+- out of 5. On 6-1-15, per the secondary treating physician initial comprehensive report, exam notes no fractures, moderate to severe complaints, decreased cervical range of motion, shoulder depression causes pain. Lumbar exam notes 3+ tenderness to palpation of the lumbar paravertebral muscles, and muscle spasm. Orthopedic tests are positive. Left-right knees have 3+ tenderness with decreased flexion, positive orthopedic tests. The Utilization Review on 7-27-15 denied the request due to prior authorization for acupuncture without documentation of body part treated, functional deficits, or therapeutic benefits from the 4 sessions and need for 4 remaining and re-evaluation. Per a Pr-2 dated 1/22/2015, the claimant underwent acupuncture, chiropractic, and physiotherapy treatments and her symptoms continued.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**8 additional acupuncture sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.  
Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.