

<b>Case Number:</b>	CM15-0192721		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/19/1991
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 female who sustained an industrial injury on 4-19-1991. A review of medical records indicates the injured worker is being treated for cervical strain musculoligamentous, chronic, lumbosacral strain, musculoligamentous, chronic, and fibromyalgia. Medical records dated 8-21-2015 noted pain in the neck and low back. She also described pain to the shoulder, wrist-hands, as well as over the hip and ankles-feet. Physical examination of the lumbar spine demonstrated tenderness to palpation over the lumbosacral junction at the midline and over the left buttocks. There was painful and limited range of motion with flexion and extension. Bilateral hamstring tightness was present. Treatment in the past has included at least 6 visits of acupuncture which improved function and decreased pain. Utilization review form dated 9-10-2015 non-certified 12 acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Acupuncture sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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, additional 12 acupuncture treatments are not medically necessary.