

<b>Case Number:</b>	CM15-0204425		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	12/18/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 53 year old female, who sustained an industrial injury on 12-18-14. The injured worker was being treated for cervical radiculopathy, lumbar sprain, left and right lumbar sciatica and radiculopathy. On 7-31-15 and 9-14-15, the injured worker presented for evaluation of multiple problems; she lost her acupuncture visits due to lack of notification. She requests not to take medications. She is temporarily totally disabled. Physical exam performed on 9-14-15 revealed tenderness of left and right cervical and trapezius muscles; spasm of left and right cervical muscles, restricted cervical range of motion due to pain, tenderness of left and right lumbar region with spasm of left and right lumbar muscles and restricted range of motion of lumbar spine due to pain; tenderness of biceps muscle and right shoulder diffusely; and right wrist-forearm positive for carpal tunnel signs. MRI of right shoulder performed on 3-26-15 revealed small joint effusion and fluid in subacromial-subdeltoid bursa, elevated T2 signal and indistinct appearance of posterior superior labrum and moderate to severe supraspinatus and infraspinatus tendinitis with a subcentimeter low grade partial thickness bursal tearing distally at insertion site. MRI of cervical spine performed on 3-24-15 revealed C3-4 and C5-6 posterior annular bulge and C4-5 central disc protrusion. Treatment to date has included activity modifications. The treatment plan included request for 6 sessions of acupuncture. On 9-22-15 request for 12 acupuncture session was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve acupuncture sessions for the lumbar spine:** Upheld

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

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

**Decision rationale:** Provider requested initial trial of 12 acupuncture sessions for lumbar spine which were non-certified 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 Acupuncture visits are not medically necessary.