

<b>Case Number:</b>	CM15-0206245		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 27, 2013. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve a request for an acupuncture consultation. The claims administrator referenced an August 13, 2015 office visit and an associated RFA form of the same date in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were invoked in the determination and mislabeled as originating from the MTUS. On September 24, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck, low back, and shoulder pain. The applicant had undergone earlier shoulder surgery, it was reported. On a pain management note dated July 15, 2015, the applicant reported multifocal complaints of neck, low back, bilateral knee, and right shoulder pain. The applicant was on Motrin, Norco, Levoxyl, Soma, and Elavil. Motrin, Soma, Voltaren gel, Norco, Lyrica, and Elavil were renewed and continued. The patient was asked to consult a pain management physician, obtain drug testing, obtain a back brace, consult a physical therapist, consult an otolaryngologist, and consult an acupuncturist. There was no mention whether the applicant had or had not had prior acupuncture at this point.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 Independent Medical Examinations and Consultations, page 127.

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

**Decision rationale:** Yes, the request for an acupuncture consult was medically necessary, medically appropriate, and indicated here. As noted in the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a, acupuncture can be employed for a wide variety of purposes, including in the chronic pain context present here. Here, the attending provider, a pain management physician, reported on July 15, 2015 that the applicant's pain control was suboptimal. Obtaining a consultation with an acupuncturist to determine the applicant's suitability for acupuncture was, thus, indicated. Therefore, the request is medically necessary.