

<b>Case Number:</b>	CM15-0206705		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/08/1999
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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 52 year old female, who sustained an industrial injury on 10-08-1999. A review of the medical records indicates that the worker is undergoing treatment for bilateral knee enthesopathy, left ankle tenosynovitis, cervicalgia and lumbar facet syndrome. Treatment has included Norco, Soma, Vicodin, Amitriptyline, Butrans and acupuncture. Subjective complaints (06-16-2015, 07-14-2015 and 08-25-2015) included bilateral knee, left ankle, neck and low back pain rated as 5-7 out of 10. During the 06-16-2015 visit the physician noted that the worker would be referred to ATP physical therapy for evaluation of aquatic program. During the 07-14-2015 visit, the worker was noted to have not started self-directed aquatic program as the program to which the worker was referred was no longer providing aquatic therapy. Objective findings (06-16-2015, 07-14-2015 and 08-25-2015) included decreased range of motion of the cervical spine, knee and ankle, tenderness of the cervical spine with hypertonicity of the trapezius bilaterally, tenderness of the lumbar spine, hypertonicity of the lumbar musculature bilaterally, positive bilateral Kemp's test, positive straight leg raise bilaterally, +3 tenderness of the bilateral joint line and positive patellar grinding on the left. The physician noted during the 08-25-2015 visit that the worker had completed authorized electro-acupuncture treatment with infrared lamp and had functional improvement with acupuncture sessions. There is no indication as to how many previous sessions of acupuncture with infrared therapy had been received and no evidence of any significant pain relief or objective functional improvement with prior sessions. A utilization review dated 09-25-2015 non-certified a request for six (6) additional electro-

acupuncture sessions enhanced by infrared lamp, myofascial release, 8 minutes or more, 2x a week for 3 weeks.

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

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

**Six (6) additional electro-acupuncture sessions enhanced by infrared lamp, myofascial release, 8 minutes or more, 2x a week for 3 weeks: Upheld**

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

**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 and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.