

<b>Case Number:</b>	CM15-0207569		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	05/20/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/29/2015
<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 47 year old female who sustained an industrial injury on May 20, 2014. The worker is being treated for: left elbow, low back pain, right index finger pain. Subjective: September 16, 2015 she reported moderate neck pain, low back pain, left elbow and wrist pain, left knee pain. Objective: January 30, 2015 noted cervical spine with decreased range of motion, positive Spurling's; lumbar spine with positive SLR eliciting low back pain. September 16, 2015 noted positive Kemp's, Tinel's, Phalen's and McMurray's testing. Diagnostics: MRI right knee August 21, 2015, MRI cervical spine July 07, 2015, EMG NCV July 10, 2015, MRI lumbar spine July 10, 2015, EMG NCV June 26, 2015, US bilateral elbows March 27, 2015, MRI right knee May 28, 2015. On September 22, 2015 a request was made for acupuncture session 8 sessions treating the cervical lumbar spine and right knee that was noncertified by Utilization review on September 29, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week times 4 weeks, for the cervical, lumbar spine, right knee:**  
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. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.