

<b>Case Number:</b>	CM15-0023189		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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 44 year old female, who sustained an industrial injury on February 20, 2013. She has reported aggravation of a 2008 right foot injury from standing and working at a work station. The diagnoses have included cervical spine sprain/strain with myospasms, lumbar spine sprain/strain, lower extremity neuropathy, right knee sprain/strain status post left lower leg surgery, left ankle pain, left foot pain, right ankle sprain/strain, sensory peripheral polyneuropathy, right knee degenerative enthesophyte, bilateral ankle heel spurs, status post open reduction internal fixation of the tibia and fibula, chronic pain, tension headaches and insomnia. Treatment to date has included diagnostic studies, surgery, acupuncture and medications. Currently, the injured worker complains of constant pain to the neck, right shoulder, right knee, low back, bilateral ankles and bilateral feet. Physical exam of the lumbar spine revealed decreased range of motion with tenderness over the L4-5 and L5-S1 bilaterally. Exam of the cervical spine revealed tenderness over C5-6 and C6-7. She continued to have decreased range of motion to flexion and extension, lateral bending and rotation to the left and right. There was decreased range of motion of the right knee with generalized peripatellar tenderness. On February 2, 2015, Utilization Review non-certified 12 acupuncture sessions 2 x week for 6 weeks for the lumbar spine, cervical spine and right knee, noting the CA MTUS/ACOEM and Official Disability Guidelines. On February 6, 2015, the injured worker submitted an application for Independent Medical Review for review of 12 acupuncture sessions 2 x week for 6 weeks for the lumbar spine, cervical spine and right knee.

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

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

**Acupuncture for the right knee, lumbar and cervical spine, 2 times a week for 6 weeks; 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Chapter 7, IME and consultations

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 2X6 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. 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, 2x6 acupuncture treatments are not medically necessary.