

<b>Case Number:</b>	CM15-0027438		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	02/17/2008
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 60 year old female with an industrial injury dated 02/17/2008. Her diagnoses include cervical spine strain/sprain, status post right shoulder arthroscopy, lumbar disc disease, lumbar radiculopathy, right sacroiliac joint arthropathy, status post right total knee replacement, status post left knee arthropathy, and right piriformis syndrome. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, surgical interventions, and physical therapy. In a progress note dated 01/23/2015, the treating physician reports continued neck and low back pain with a pain rating of 9/10 with the low back pain described as constant, sharp and achy with radiation into the groin area. The objective examination revealed tenderness to palpation of the cervical paraspinal musculature with spasms, facet tenderness, positive axial and Spurling's tests, limited range of motion in the cervical spine, tenderness to palpation of the lumbar spine with muscle spasms, facet joint tenderness, positive straight leg raises on the right, limited range of motion in the lumbar spine, limited range of motion and limited range of motion in the right shoulder. The treating physician is requesting 12 acupuncture treatments with infra lamp/medical supply kinesotape (in house) cervical spine, lumbar spine and right shoulder which was modified by the utilization review. Six acupuncture visits were certified on 3/4/2015. On 02/10/2015, Utilization Review modified a request for 12 acupuncture treatments with infra lamp/medical supply kinesotape (in house) cervical spine, lumbar spine and right shoulder to the approval of 6 acupuncture treatments with infra lamp/medical supply kinesotape (in house) cervical spine, lumbar spine and right shoulder, noting the recommendation for a trail of 6 visits prior to

additional treatments. The MTUS Guidelines were cited. On 02/13/2015, the injured worker submitted an application for IMR for review of 12 acupuncture treatments with infra lamp/medical supply kinesotape (in house) cervical spine, lumbar spine and right shoulder.

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

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

**Twelve (12) Acupuncture Treatment with infra lamp/medical supply kinesotape (in-house); cervical spine, lumbar spine and right shoulder: Upheld**

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

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

**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 trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial.