

<b>Case Number:</b>	CM15-0215296		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	07/15/2015
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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 51 year old female, who sustained an industrial injury on 07-15-2015. She has reported injury to the head, neck, bilateral shoulders, and mid and low back. The diagnoses have included headache; cervical sprain-strain; thoracic sprain-strain; lumbar sprain-strain; right shoulder sprain-strain; left shoulder sprain-strain; anxiety; and acute stress reaction, not otherwise specified. Treatment to date has included medications, diagnostics, heat-cold packs, acupuncture, and activity modification. Medications have included Tramadol, Cyclobenzaprine, Ibuprofen, and topical compounded creams. A progress report from the treating provider, dated 09-11-2015, documented an evaluation with the injured worker. The injured worker reported constant back pain as well as pain in her neck, shoulders, lumbar, and jaw; she also complains of constant headaches, difficulty sleeping, loss of strength, blurry vision, and stress; the headaches are daily; the neck pain is intermittent, severe, dull, and rated at 8-9 out of 10 in intensity; the upper-mid back pain is rated at 7 out of 10 in intensity; the low back pain is constant, dull, achy, and throbbing, and rated at 6 out of 10 in intensity; the pain radiates to the right lower extremity; the right shoulder pain is rated at 4 out of 10 in intensity; the left shoulder pain is rated at 7 out of 10 in intensity; she suffers from depression, anxiety, irritability, lack of appetite, lack of energy, and insomnia; and she states that she is having psychological issues due to the work environment. Objective findings included there is tenderness to palpation of the cervical paravertebral muscles; there is tenderness to palpation of the lumbar paravertebral muscles; and there is tenderness to palpation of the anterior, lateral, and posterior regions of the left and right shoulders. The treatment plan has included the request for retrospective acupuncture therapy (manual acupuncture, infrared and myofascial release) (date of service: 09-21-15, 09-23-15, and 09-25-15) quantity: 3. The original utilization review, dated 10-19-2015, non-certified the request for retrospective acupuncture therapy (manual acupuncture, infrared and myofascial release) (date of service: 09-21-15, 09-23-15, and 09-25-15) quantity: 3.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Acupuncture therapy (manual acupuncture, infrared and myofascial release)**  
**DOS: 9/21/15, 9/23/15, 9/25/15) QTY: 3: Upheld**

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

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

**Decision rationale:** The utilization review determination letter of October 19, 2015 denied the treatment request for acupuncture therapy for dates of service 9/21 through 9/25/13 (three visits) citing CA MTUS acupuncture treatment guidelines. The reviewed medical records of applied care prior to the request for additional treatment on 9/21/15 revealed prior application of acupuncture treatment to manage the patient's cervical spine, thoracic spine and lumbar spine residuals with care possibly applied to the bilateral shoulder and headache symptoms. Records reflect that acupuncture had been provided concurrently with physical therapy with the subject request not addressing whether certified visits had been completed or whether the primary treating physician had documented any functional improvement solely attributable to the acupuncture visits, which is the prerequisite for consideration of additional care per CA MTUS acupuncture treatment guidelines. The medical necessity for additional acupuncture treatment was not supported by the reviewed medical records or compliant with CA MTUS acupuncture treatment guidelines.