

<b>Case Number:</b>	CM15-0216015		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 58 year old male, who sustained an industrial injury on 09-20-2012. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for cervical disc displacement, lumbar disc displacement, and shoulder lesion. Treatment and diagnostics to date has included acupuncture and medications. Recent medications have included compound cream. Subjective data (07-31-2015 and 10-08-2015), noted pain in multiple areas, including left shoulder, lumbar, and head rated 7- 8 out of 10. Objective findings (10-08-2015) included palpable tenderness at cervical, left anterior shoulder, right anterior shoulder, lumbar, left sacroiliac, sacral, left buttock, left posterior leg, right posterior leg, right anterior leg, and left anterior leg, decreased cervical and lumbar range of motion, and positive sitting root and straight leg raise test on the left. The request for authorization dated 10-08-2015 requested medical records, orthopedic specialist, acupuncture 2x3 to cervical spine, lumbar spine, and left shoulder, FCL compound cream, psychiatric consultation, and follow up. The Utilization Review with a decision date of 10-14-2015 non-certified the request for acupuncture 2x3 for cervical, lumbar, and left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x a week for 3 weeks for the cervical, lumbar and left shoulder: Upheld**

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

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

**Decision rationale:** The reviewed utilization review document of October 14, 2015 denied the treatment request for six acupuncture visits to the patient's cervical spine, lumbar spine and left shoulder citing CA MTUS acupuncture treatment guidelines. Prior to the current treatment request for six additional acupuncture visits, the patient had received six visits of acupuncture as an initial course or trial of care with no evidence on subsequent reporting that any functional improvement had been documented or led to any activity of daily living increase or modification of medication. The medical necessity for the requested additional six acupuncture visits was not supported by the reviewed medical records or compliance with CA MTUS acupuncture treatment guidelines, therefore is not medically necessary.