

<b>Case Number:</b>	CM15-0034322		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	01/12/2010
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 59 year old female, who sustained an industrial injury on 01/12/2010. She has reported subsequent neck and back and was diagnosed with cervicgia, low back pain, thoracic or lumbosacral neuritis or radiculitis, degeneration of cervical intervertebral disc, neck sprain and strain, intervertebral disc disorder and lumbar sprain and strain. Treatment to date has included oral and injectable pain medication, physical therapy, H-wave unit, bracing and medial branch blocks. In a progress note dated 01/22/2015, the injured worker complained of neck, low back and right knee pain. Objective physical examination findings were notable for tenderness to palpation of the paravertebral muscles of the neck and low back and restricted range of motion. The injured worker noted that pain was decreasing and attributed the decrease in pain to acupuncture therapy sessions that had been received. A request for authorization of additional acupuncture visits was made. On 02/03/2015, Utilization Review modified a request for 10 sessions of additional acupuncture treatment to the cervical, thoracic, lumbar and bilateral knees to 6 sessions, noting that the request exceeded acupuncture guidelines. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient additional acupuncture (acu) treatment ten (10) sessions to the cervical, thoracic, lumbar, and bilateral knees: Upheld**

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 10 acupuncture sessions, which were modified to 6 by the utilization review. Requested visits exceed the quantity supported by cited guidelines. 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, additional 10 acupuncture treatments are not medically necessary.