

<b>Case Number:</b>	CM15-0034397		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	01/21/2000
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 48 year old female with an industrial injury dated 01/21/2000 from cumulative trauma. Diagnoses include myalgia and myositis not otherwise specified. Recent diagnostic testing has included multiple electrodiagnostic studies (most recent 06/02/2014), MRIs of the bilateral shoulders, lumbar spine (10/13/2014), and x-rays of the cervical/thoracic/lumbar spines, pelvis, bilateral shoulders, bilateral elbows, bilateral wrists, and bilateral hands (08/27/2014). Previous treatments have included conservative measures and therapies, medications, injections, acupuncture, consultations, and psychological therapy. A progress note dated 01/15/2015, reports continued total body pain, chronic fatigue, and problems sleeping. The objective examination revealed tenderness all over with a stooped gait, and no new findings. The treatment plan was to continue medications, obtain consultation, and acupuncture. The treating physician is requesting 6 sessions of acupuncture, which was denied by the utilization review. On 01/27/2015, Utilization Review non-certified a request for acupuncture 2 times per week for three weeks, noting ACOEM guidelines were cited. On 02/23/2015, the injured worker submitted an application for IMR for review of acupuncture 2 times per week for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two times a week for three weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Independent Medical Examinations and Consultations regarding referrals.

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

**Decision rationale:** Per utilization review dated 01/27/15, patient has been authorized 6 acupuncture sessions on 01/15/15. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. 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, 6 acupuncture treatments are not medically necessary.