

<b>Case Number:</b>	CM15-0038152		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	05/29/2010
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2015

### 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: 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 44, versus 54, year old female, who sustained an industrial injury, reported on 5/29/2010, versus 5/9/2010. On 1/21/2015, she reported having increased urgency to void x 4 months, along with the inability to hold urine, as well as neck, bilateral knee and right shoulder pain. The diagnoses were noted to include cervical and lumbar spine sprains; left knee strain; and right shoulder and right knee surgeries. Treatments to date have included consultations; multiple diagnostic imaging studies; arthroscopic SAD and debridement surgery; physical therapy; psychotherapy; aquatic therapy - left foot; right carpal tunnel release; lumbar sympathetic ganglion block; and medication management. The work status classification for this injured worker (IW) was not noted to be able to return to work in 5 weeks from the 1/21/2015 treatment plan. The progress notes of 1/21/2015 note for bilateral knee pain and right shoulder pain, along with recommendations that included a right knee arthroscopy, psychiatric, neurology and urology consultations, and acupuncture for the lumbar and cervical spine. On 2/4/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/30/2015, for Acupuncture, 2 x a week x 6 weeks, for the cervical and lumbar spine. No citing's were noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the Cervical and Lumbar Spine x 12: Upheld**

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

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

**Decision rationale:** Based on the records reviewed, acupuncture care was not provided to the patient in the past. An acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines) for a significantly symptomatic condition. The guidelines note that the amount to produce functional improvement is 3-6 treatments and could support further care if the functional improvement obtained with the trial, was documented. As the provider requested initially 12 sessions, which is exceeding the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.