

<b>Case Number:</b>	CM15-0038347		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	05/17/2007
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 35 year old female who sustained an industrial injury on 5/17/07 involving her neck, low back and left knee. She currently (8/15/14) complains of aching stabbing pain in the neck, although she reports it is feeling better than on previous occasions; pain in the left wrist. In addition there is pain, tenderness, limited range of motion, difficulty with functional activity and pain with activities in the left knee. Medications are Celebrex, Ultram and gabapentin. Diagnoses include cervical discopathy/ C4-5 herniated nucleus pulposus; bilateral upper extremity overuse tendinitis; lumbar hyperextension; anxiety; depression; status post anterior cervical discectomy and fusion (7/13/13) left knee internal derangement, contusion and chondromalacia. No diagnostics were available. Treatments to date include physical therapy. There was no mention of acupuncture in the records available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 weeks cervical/lumbar/bilateral upper extremities for 12 sessions:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guideline recommends acupuncture for chronic pain. There was no evidence of prior acupuncture care. An initial acupuncture trial may be necessary. However, the provider's request for 12 acupuncture session to the cervical, lumbar, and bilateral upper extremities exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is not medically necessary at this time.