

<b>Case Number:</b>	CM15-0039922		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: 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:

This 50 year old male sustained an industrial injury on 10/11/12. He subsequently reported left elbow pain. Diagnoses include impingement syndrome of the left shoulder, rotator cuff tear and lumbosacral spine strain and strain. Diagnostic testing included x-rays and MRIs. Treatments to date have included left elbow and left wrist surgeries, acupuncture, physical therapy and prescription pain medications. The injured worker has continued complaints of left upper extremity pain and increasing low back pain. On 2/16/15, Utilization Review non-certified a request for Acupuncture for the lumbosacral spine, twice weekly for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the lumbosacral spine, twice weekly for four weeks:** Upheld

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

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could

be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After undergoing 24 prior acupuncture sessions (reported as beneficial in reducing symptoms 30-40%), no significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Additionally, the request is for acupuncture x 8, number that exceeds the number of visit recommended by the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 8 is not supported for medical necessity.