

<b>Case Number:</b>	CM15-0041695		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	10/27/2005
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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: New Jersey, New York  
Certification(s)/Specialty: Family Practice

### 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 58 year old female, who sustained a work related injury on 10/27/05. She was injured in a motor vehicle accident. The diagnoses have included costochondritis, cervical degenerative disc disease, right shoulder strain/sprain, thoracic strain/sprain, headaches-cervical versus migraines and myofascial pain. Treatments to date have included medications, medicated creams, physical therapy, trigger point injections, chiropractic treatments, TENS unit therapy, 28 acupuncture treatments, diagnostic imaging studies and EMG study. In the last PR-2 in records dated 9/25/14, the injured worker complains of cervical, upper back and shoulder pain. She rates the pain a 4/10. She complains of headaches. She states she is able to decrease the sumatriptan with previous acupuncture treatments. She states that acupuncture has "calmed" her pain. The treatment plan was to continue acupuncture treatments and continue with home exercise program, creams and TENS unit therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office Visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Evaluation and management (E&M).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Office visits, low back.

**Decision rationale:** The request is considered not medically necessary. Office visits are recommended according to each particular case, taking into consideration the patient's signs and symptoms, diagnostic testing, medical treatment, side effects, etc. The patient has had follow-up and recommendations have been made for continued treatment. It is unclear why this office visit was specifically requested. Therefore, the request is considered not medically necessary.

**Acupuncture 1 x week x 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Lumbar & Thoracic (Acute & Chronic), ACOEM Chapter 7 Independent Medical Examinations and Consultations page 503 and 127.

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

**Decision rationale:** The request for acupuncture 1 session per week for three months is medically unnecessary. By MTUS guidelines, the recommended number of sessions is 3-6 before assessing functional improvement. There has to be documented functional improvement to request more sessions. There is no reasoning documented for requesting additional sessions and there was also no documentation of the patient's functional improvement with her most recent acupuncture treatments. Because of these reasons, the request is not medically necessary.