

<b>Case Number:</b>	CM15-0041963		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	01/18/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/10/2015
<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: 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 41 year old female who sustained an industrial injury on 1/18/14 when she carried a patient from a bed to a wheelchair. She is currently complaining of sharp pain in the neck, right shoulder joint, upper arm and elbow; low back mid and upper back pain that radiates down the right leg along the back and side. Medications are not specifically mentioned. Diagnoses include lateral right epicondylitis, elbow; right forearm; neck sprain/ strain; right shoulder sprain/ strain. Treatments include manual therapy (in progress note 8/29/14). There was no mention of requested treatment (acupuncture to cervical, thoracic and lumbar areas 2X4) mentioned in progress notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the cervical, thoracic and lumbar 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:** Patient has had prior acupuncture treatment. Provider requested additional 2x4 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. 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, 8 acupuncture treatments are not medically necessary.