

<b>Case Number:</b>	CM15-0049752		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	04/28/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 25 year old female who sustained an industrial injury on 4/28/14. Her diagnoses, and/or impressions, include contusion and strain wrist; disc degeneration; lumbar radiculitis; lumbar/thoracic sprain and pain; and lumbosacral myofascial pain syndrome. Electrodiagnostic studies were noted to have been done on 12/16/2014, and a magnetic resonance imaging study of the lumbosacral spine on 2/3/15; results of both were noted to be within normal limits. Her treatments have included heat/ice therapy and work restrictions. In the progress note dated 2/4/2015 , her treating physician reports the injured worker complained of radiating right lower lumbar spine and radiating right wrist pain; and that she requested a refill on Flexeril, Ibuprofen and Tramadol. The progress notes of 12/10/2015, note scheduled trigger point injections for which she then changed her mind, instead requesting acupuncture treatments. The physician's requests for treatment included 4 acupuncture sessions for the lumbar spine and right wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 10 for the Lumbar Spine and Right Wrist: Upheld**

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 10 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.