

<b>Case Number:</b>	CM15-0053636		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	01/21/2015
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 56 year old female who sustained an industrial injury on 1/21/2015. Her diagnoses, and/or impressions, include: chronic pain; lumbar radiculopathy; cervical spondylosis; chronic knee pain, status-post right knee surgery (1/10/11); post-traumatic stress disorder; major depression; recurrent and in partial remission; female urinary stress/urge incontinence and pelvic pain; obesity and hypertension. Recent x-ray of ribs, chest and lumbar spine are noted on 1/26/2015; no current magnetic resonance imaging studies are noted. Her treatments have included physical therapy with aquatic therapy for the bilateral knees; chiropractic treatments; a cane for ambulation; medication management and work restrictions. The history notes consistent complaints of low back pain and knee pain; however no medical records note the physician's requests for treatments that included acupuncture therapy for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Therapy, 1 time weekly for 8 weeks (8 sessions): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Acupuncture 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 (chiropractic, physical therapy, oral medication, work modifications and self 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 8 sessions, which exceeds the guidelines recommendations without documenting any extraordinary circumstances, the request is seen as excessive, therefore not medically necessary.