

<b>Case Number:</b>	CM15-0053747		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	01/19/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/23/2015
<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: 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 44 year old male, who sustained an industrial injury on January 19, 2014. He reported attempting to separate two coworkers who were fighting, with his right arm twisted and a neck injury. The injured worker was diagnosed as having cervical strain, C5-C6 disc protrusion, lumbar strain, L5-S1 disc protrusion, right knee chondromalacia, right knee strain, left knee strain, right rotator cuff partial tear, status post right shoulder surgery, right chronic labral tear, central humeral metadiaphysis enchondroma which was non-industrial, and forefoot pain. Treatment to date has included physical therapy, chiropractic treatments, subacromial injections, right shoulder surgery, electromyography (EMG)/nerve conduction study (NCS), lumbar spine/bilateral knees/right shoulder MRIs, and medication. Currently, the injured worker complains of neck pain, right shoulder pain, low back pain, left foot pain, and bilateral knee pain. The Treating Physician's report dated February 11, 2015, noted tenderness to palpation of the cervical spine rhomboids and trapezius muscles, over the right shoulder, over the L4-L5 processes, and over the medial and lateral knee joint lines bilaterally. The electromyography (EMG)/nerve conduction study (NCS) of the bilateral lower extremities was noted to be normal. The Physician noted the treatment plan included follow up with a physician regarding his foot, and a request for six sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x6 sessions for the cervical and lumbar spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain. Further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. Since there is no documentation the claimant had prior acupuncture, 6 visits of acupuncture are medically necessary.