

<b>Case Number:</b>	CM15-0055373		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 68 year old male who sustained a work related injury on December 11, 2009, after tripping on a sidewalk incurring back, neck and bilateral knee injuries. He was diagnosed with cervical intervertebral disc disorder, left knee pain, lumbar sprain, cervical disc disease with radiculopathy, left shoulder cuff irritation and impingement syndrome. He underwent knee surgery in 2011. Treatment included pain medications, and antidepressants. Currently, the injured worker complained of lower back pain, left shoulder pain, neck pain and knee pain. The treatment plan that was requested for authorization included acupuncture for the left knee and lumbar spine for six sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Left Knee and Lumbar Spine 2 times weekly for 3 weeks (6 sessions):**

Overturned

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

**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.