

<b>Case Number:</b>	CM15-0059772		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	10/24/2014
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 42 year old male, who sustained an industrial injury on 10/24/14. The injured worker has complaints of right knee pain with loss of balance; right shoulder pain radiating downward to the right hand; lower back radiating downward to bilateral legs with numbness; neck pain radiating upward to the head; on and off headaches; loss of sleep; sinus congestion and blurry eye vision. The diagnoses have included cervical/thoracic/lumbar spine sprain/strain; right shoulder impingement rule out rotator cuff tears; right knee internal derangement and lumbar spine radiculopathy. The documentation noted that the injured worker has had X-rays and magnetic resonance imaging (MRI) of his neck, right shoulder and right side of neck. The documentation noted on 3/11/15 that the treatment plan included to return to clinic on 4/8/15, continue with current medications, acupuncture every two weeks for the following four weeks, physical therapy weekly and scheduled for agreed medical evaluation on 4/8/15. The request was for acupuncture 2 times a week for 4 weeks 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 2 times a week for 4 weeks for the lumbar spine:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guideline recommends acupuncture for pain. The guideline recommends an initial trial of 3-6 visits. Based on the submitted documents, there was no evidence that the patient had prior acupuncture care. Therefore, a trial appears to be medically necessary. The patient was authorized 6 of the 8 request acupuncture sessions, which is consistent with the evidence based guidelines for an initial trial. The guideline states that acupuncture may be extended with documentation of functional improvement. The provider's request for 8 acupuncture session exceeds the guideline for an initial trial and therefore it is not medically necessary at this time.