

<b>Case Number:</b>	CM15-0084074		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	10/01/2014
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 24 year old female, who sustained an industrial/work injury on 10/1/14. She reported initial complaints of hip, feet, spine, and bilateral shoulder pain. The injured worker was diagnosed as having lumbar sprain/strain, right hip sprain/strain, cervical/thoracic sprain/strain, bilateral shoulder sprain/strain, and bilateral foot injury. Treatment to date has included medication. Currently, the injured worker complains of wrist, low back, hip, and shoulder pain. Per the physician's report on 2/12/15, examination revealed tenderness to palpation over the lumbosacral, right hip, cervical spine, shoulder, and feet area; positive orthopedic tests; and restrictive range of motion. The chiropractic report of 2/13/15 reported restricted cervical range of motion, positive orthopedic testing, and diagnosis after exam included positive orthopedic testing also. Current plan of care included acupuncture, diagnostics, orthopedic and psychology evaluations. The requested treatments include acupuncture.

### 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 6 weeks Qty:12: 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, 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 12 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 medically necessary.