

<b>Case Number:</b>	CM15-0085231		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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 year old male, who sustained an industrial injury on 5/5/09. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar sprain/strain; degenerative disc disease L4-L5 and L5-S1; right knee sprain/strain with medial/lateral meniscus tear/chondromalacia; left knee sprain/strain with medial/lateral meniscal tear/chondromalacia; osteoarthritis bilateral knees; left shoulder sprain/strain with partial thickness rotator cuff tear; subacromial bursitis; impingement syndrome and acromioclavicular arthrosis. Treatment to date has included status post L4-S1 fusion (8/23/10); status post right knee arthroscopic surgery (12/1/11); status post arthroscopic left knee surgery (3/15/12); status post arthroscopic left shoulder surgery (4/28/12); status post neurospine stimulator implantation (11/20/12); removal of spinal cord stimulator (3/10/15); status post right knee arthroplasty (1/14/14). Diagnostics included MRI scan right wrist (9/4/07). Currently, the PR-2 notes dated 4/21/15 is a hand written note and indicated the injured worker complains of low back pain that radiates to the left leg. He would like to discuss some acupuncture. He is also having trouble sleeping and would like a prescription for sleep. The injured worker is a status post lumbar fusion and spinal cord stimulator implant and then removal. The provider has requested acupuncture trial 2x4 for the lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture trial 2x4 for the lumbar:** Upheld

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

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

**Decision rationale:** Provider requested initial trial of 2X4 acupuncture sessions which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.