

<b>Case Number:</b>	CM15-0085266		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	09/18/2008
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 (IW) is a 60-year-old female who sustained an industrial injury on 09/18/2008. Diagnoses include bilateral knee internal derangement, lumbar disc herniation at L3-4, L4-5 and L5-S1 and right shoulder tendinitis. Treatments to date included medications, right shoulder cortisone injection, lumbar epidural steroid injection and viscosupplementation for the knees. An MRI was stated to show right shoulder tendinitis. According to the progress notes dated 4/9/15, the IW reported ongoing right shoulder pain with radiation to the elbow, bilateral knee pain and low back pain. A request was made for six acupuncture sessions - bilateral knees and lumbar spine due to the success of previous treatment. She has had substantial low back and bilateral pain relief. Her work restrictions remain the same as 10/23/14. The claimant has had 18 sessions of acupuncture for the back and 18 sessions for the knees. Per a PR-2 dated 5/7/15, the claimant has the same work restrictions and continues to have pain in her lower lumbar region with radiculopathy into the lower extremity. Thus far conservative measures have failed to improve the pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 acupuncture sessions - Bilateral knees & Lumbar spine:** Upheld

**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:** According to evidenced based guidelines, 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. The claimant has had prior extensive acupuncture with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. There is no reduction of work restrictions and ongoing limitations. Therefore, further acupuncture is not medically necessary.