

<b>Case Number:</b>	CM15-0086675		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	12/20/2009
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	05/04/2015
<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 49 year old female, who sustained an industrial injury on 12/20/09. She reported a right ankle injury. The injured worker was diagnosed as having myofascial pain dysfunction syndrome, cervical spondylosis with radiculopathy, stenosis of cervical spine region, disorder of rotator cuff, impingement syndrome of shoulder, lumbago, tear of left acetabular labrum and peroneal tendonitis of right lower extremity. Treatment to date has included oral medications including Flexeril, physical therapy and activity restrictions. (MRI) magnetic resonance imaging of pelvis performed on 9/2/14 revealed left anterosuperior labral degeneration and tearing, trace subchondral marrow edema of left aspect of pubic symphysis; (MRI) magnetic resonance imaging of cervical spine performed 9/2/14 revealed multilevel degenerative disc disease, moderate canal stenosis at C4-5 and C5-6 and severe left neural foraminal narrowing at C6-7 secondary to left foraminal and extraforaminal disc protrusion. Currently, the injured worker complains of unchanged right ankle pain. A physical exam was not noted. The treatment plan included pain management and a course of acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 acupuncture visits:** Upheld

**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, but a request for 8 visits exceeds the recommended guidelines of less than six. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also the duration and total amount of visits should be submitted. As requested, 8 visits are not medically necessary.