

<b>Case Number:</b>	CM14-0131897		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 47-year-old female, who sustained an industrial injury on September 6, 2012. She reported a pulling sensation in her right groin/quadriceps area. The injured worker was diagnosed as having carpal tunnel syndrome, elbow arthralgia, lumbar spondylosis, lumbar/lumbosacral disc degeneration, lumbar/thoracic radiculitis, elbow lateral epicondylitis, and lumbar myofascial sprain/strain. Diagnostics to date has included MRI and x-rays. Treatment to date has included acupuncture, physical therapy, home exercise program, work modifications, ice, rest, a functional capacity evaluation, occupational therapy, and non-steroidal anti-inflammatory medication. On July 18, 2014, the injured worker complains of back pain that is achy and usually over the central portion of the low back, with sharp shooting pain into the left buttock. Her pain is worse. The physical exam revealed cubital tunnel and lateral epicondyle tenderness of the right elbow, normal range of motion, normal strength, and intact sensation. There was a normal gait, well-performed heel and toe raise, difficulty squatting, tenderness of the lumbar paravertebral muscles, and decreased lumbar range of motion. There were normal reflexes, motor strength, and intact sensation of the bilateral lower extremities. The treatment plan includes 12 sessions of acupuncture for the low back. The requested treatments are 12 sessions of acupuncture for the low back and right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Acupuncture to the Lumbar Spine and Right Elbow 12 Sessions: Upheld**

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.