

<b>Case Number:</b>	CM14-0214741		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	07/16/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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 47year old female who reported neck, low back, and upper extremity pain from injury sustained on 07/16/14. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with sprain/strain of lumbosacral; cervical spine sprain/strain; right trapezius strain; thoracic strain; strain of shoulder, wrist, and hand. Patient has been treated with medication, physical therapy. Per medical notes dated 10/30/14, patient reports less pain in the upper back. She is currently working modified duty and is requesting to return to full duty. Examination revealed no functional defecits. Provider requested initial trial of 6 acupuncture treatments for thoracic spine which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 6 visits over 4-6 weeks, thoracic spine:** Upheld

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

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

**Decision rationale:** The patient has not had prior Acupuncture treatment. The provider requested initial trial of 6 acupuncture treatments for thoracic spine which was non-certified by the utilization review. Per medical notes dated 10/30/14, the patient reports less pain in the upper back and she is requesting returning to full duty which was authorized by the physician. Acupuncture is used as an option when pain medication is decreased or not tolerated, which was not documented in the provided medical records. Per medical notes, the patient does not report any functional deficits which would necessitate acupuncture treatment, she reports minimal pain, full range of motion and is starting full duty. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.