

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0000553 |                              |            |
| <b>Date Assigned:</b> | 01/12/2015   | <b>Date of Injury:</b>       | 06/05/2012 |
| <b>Decision Date:</b> | 03/10/2015   | <b>UR Denial Date:</b>       | 12/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/02/2015 |

### 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 59-year-old female who sustained an industrial injury on June 5, 2012. The diagnoses have included sprains to the cervical, thoracic and lumbar spine along with both elbows and shoulders. Treatment to date has included a neurology consult, a physiological consult, an orthopedic consult, pain management, physical therapy with a home exercise program and routine monitoring. Currently, the IW complains of neck, left wrist pain and bilateral lower extremities. Physical exam was remarkable for moderate tenderness of the lumbar, thoracic and cervical spine, positive light touch sensation in the right anterior thigh, mid-lateral calf and bilateral ankle. Diagnoses included cervical, thoracic and lumbar spine strain, bilateral shoulder strain, bilateral elbow strain, bilateral wrist and hand strain and other problems unrelated to the current evaluation. On December 3, 2014 the Utilization Review decision non-certified of twelve acupuncture visits one time per week for twelve weeks, noting the request did not contain the number of visits requested and therefore was non-certified due to lack of supporting information. No guidelines were given on this decision, as the decision was not based on actual guidelines but lack of documentation. On December 24, 2014, the injured worker submitted an application for IMR for review of twelve acupuncture visits one time per week for twelve weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture; Twelve (12) visits (1x12): 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:** 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 12 visits exceeds the recommended guidelines of six or less. 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.