

<b>Case Number:</b>	CM15-0008621		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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 51 year old female patient, who sustained an industrial injury on 12/05/2014. A primary treating office visit dated 12/10/2014 reported a change in the injured workers' working status and no significant improvement. Subjective complaints noted she's tolerating the medication and the medical equipment is helping with the symptoms. She reported thoracic and lumbar pain along with left rib cage pain. She described the pain as sharp and the symptoms are aggregated by motion and lessened by resting. She also is noted with complaint of left elbow/forearm and shoulder pain with movement. She is diagnosed with thoracic sprain/strain, left cervical strain/sprain, lumbosacral sprain, unspecified left wrist/hand strain/sprain, left elbow strain/sprain, left shoulder strain/sprain and muscle spasm of the left neck. The expected maximum medical improvement is estimated at 01/05/2015. She is to continue with temporary totally disabled. On 12/29/2014 Utilization Review non-certified a request for 6 acupuncture sessions treating cervical, thoracic, lumbar spine and left wrist, noting the CA MTUS Acupuncture Medical Guidelines was cited. The injured worker submitted an application for independent medical review of services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 3 weeks (Cervical/Thoracic/Lumbar Spine, Left Wrist):**  
 Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 175; 265, Acupuncture Treatment Guidelines.

**Decision rationale:** Patient has not had prior Acupuncture treatment. Provider requested initial trial of 2X3 acupuncture sessions cervical, thoracic, lumbar spine and left wrist which was non-certified by the utilization review. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. Medical notes do not document functional deficits which would necessitate acupuncture. Furthermore MTUS guidelines do not recommend acupuncture for neck or wrist pain. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.