

<b>Case Number:</b>	CM15-0008884		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/29/2010
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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:

This 61 year old female sustained a work related injury on 11/29/2010. According to a progress report dated 07/16/2014 a request was made for acupuncture treatment. According to a progress report dated 11/19/2014, the injured worker complained for sharp pain to the right shoulder and severe pain to the left shoulder as well as constant aching to the lumbar spine. Pain was rated a 6 on a scale of 1-10. The provider requested acupuncture 2 times a week for 6 weeks to correct imbalances and remove any blockages that interfere with the body's internal balance. Medications given included Norco and Robaxin. She was administered an Ultrasound Guided Cortisone injection to alleviate pain and reduce inflammation. The injured worker was to return to full duty with no limitations or restrictions. There was no progress notes of prior acupuncture treatments submitted for review. There was no mention in the progress notes submitted for review if the injured worker ever attended acupuncture. On 12/22/2014, Utilization Review non-certified additional acupuncture 2 x 6 and certified acupuncture trial at 2x3. visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture twice a week for six weeks:** 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:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial.