

<b>Case Number:</b>	CM15-0101135		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	10/24/2011
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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 65 year old female, who sustained an industrial injury on 10/24/14. She reported a low back injury while lifting a box of gowns. The injured worker was diagnosed as having cervical spine spondylosis, lumbar spine sprain/strain and bilateral wrist tendinosis. Treatment to date has included chiropractic treatments, physical therapy, activity restrictions and oral medications. Currently, the injured worker complains of muscle spasm of cervical spine. She notes chiropractic treatments help to improve range of motion. She is currently retired. Physical exam noted tenderness to palpation and spasm of cervical spine. A request for authorization was submitted for 6 acupuncture sessions.

### 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 and lumbar spine:** Upheld

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

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

**Decision rationale:** The 5/15/15 UR determination denied the request for additional Acupuncture care 2 x weekly for 3 weeks to the patient's cervical and lumbar spine citing CAMTUS Acupuncture Treatment Guidelines. The reviewed records failed to document the medical necessity for continued Acupuncture management by providing measurable functional improvement from a prior course of treatment. The medical necessity for additional care was not found in the report/records reviewed or compliant with the criteria for additional care per CAMGUS Acupuncture Treatment Guidelines. Therefore, the requested medical treatment is not medically necessary.