

<b>Case Number:</b>	CM15-0107334		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	12/08/2012
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old female injured worker suffered an industrial injury on 12/08/2012. The diagnoses included chronic pain syndrome, lower leg joint pain, shoulder region pain in the joint and myalgia and myositis. The injured worker had been treated with acupuncture, physical therapy, epidural steroid injections, and medications. On 5/14/2015, the treating provider reported low back and bilateral knee pain rates 5/10 that was chronic. She had neck stiffness, pain, headaches, shoulder pain, low back pain and muscle weakness. The current treatment regime of medications and acupuncture afford 50% pain relief. The treatment plan included Acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture times six to the 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 claimant sustained a work-related injury in December 2012 and continues to be treated for chronic pain. When seen in May 2015, there was an elevated BMI at 38. Treatments have included acupuncture since February 2015. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the claimant has already received acupuncture treatments consistent with guideline recommendations in excess of the optimum recommended duration. Additional acupuncture treatment is not medically necessary.