

<b>Case Number:</b>	CM15-0120093		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	10/24/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 53 year old male, who sustained an industrial injury on October 24, 2014. He reported neck pain, right shoulder pain and right knee pain. Treatment to date has included MRI of the lumbar spine, neck, right shoulder and right side of the neck; pain medications, anti-inflammatory medications and work restrictions. Currently, the injured worker complains of constant bilateral hand numbness and inability to grasp, bilateral loss of strength in the knee, right shoulder pain, neck pain, low back pain and bilateral feet pain. He reports on and off headaches. The diagnoses associated with the request include cervical/thoracic/lumbar spine sprain/strain, right shoulder impingement, right knee internal derangement and lumbar spine radiculopathy. The treatment plan includes acupuncture, medications and anti-inflammatory medications for his neck, back pain and plantar fasciitis. Six acupuncture visits were approved on 6/9/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x week x 4 weeks Cervical, Thoracic, 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:** 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, 8 visits exceeds the recommended guidelines for an initial trial. Therefore further acupuncture is not medically necessary.