

<b>Case Number:</b>	CM15-0123271		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	01/07/2015
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: 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 (IW) is a 55-year-old male who sustained an industrial injury on 01/07/2015 as the result of a bus accident. Diagnoses include cervical sprain/strain; lumbar sprain/strain; cervical radiculopathy; lumbar radiculopathy; shoulder sprain/strain; myalgia and myositis, unspecified; headache; chest contusion; numbness and tingling; and spasm of muscle.

Treatment to date has included medications. According to the progress notes dated 6/9/15, the IW reported constant neck pain rated 8-9/10, radiating into the upper extremities; constant aching upper back pain around the chest and ribs rated 8-9/10; pain in the right shoulder, hand and wrist rated 3/10 to 6/10; constant dull, aching pain in the lower back rated 8-9/10, traveling down to the hips, thighs and legs and occasionally radiating to the posterior hips, thighs, knees and ankles, bilaterally; and pain in the bilateral hips rated 4-6/10 with numbness and tingling. On examination, range of motion (ROM) of the shoulders was decreased bilaterally and was painful on the left. Both shoulders were tender to palpation. Speed's test and Yergason's test caused pain on the right. The right elbow and both wrists were tender to palpation. Finkelstein's and Tinel's signs were positive at the bilateral wrists. The cervical spine was tender to palpation and ROM was decreased and painful. Spurling's test caused pain. ROM of the lumbar spine was also decreased with paraspinal tenderness. Straight leg raise increased pain on the left side at 45 degrees. A request was made for acupuncture care and adjunctive physiotherapies with lumbar stabilization exercise instruction, twice weekly for six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture care and adjunctive physiotherapies with lumbar stabilization exercise instruction, 2X6: Upheld**

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

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

**Decision rationale:** The provider indicated the patient has had prior acupuncture and without elaborating about the benefits obtained with such care requested additional acupuncture care and adjunctive physiotherapies with lumbar stabilization exercise instruction (x 12). The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions, there is a lack of any significant, objective functional improvement (quantifiable response to treatment) provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture is not supported for medical necessity. If the primary procedure (acupuncture) is not supported for medical necessity, the adjunctive care requested will not be supported for medical necessity, as a standalone.