

<b>Case Number:</b>	CM15-0129428		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 is a 56 year old male who sustained an industrial injury on 04/26/12. Initial complaints and diagnoses are not available. Treatments to date include medications, and radiofrequency thermocoagulation neurolysis of the bilateral L3-S1 medial branches. Diagnostic studies are not addressed. Current complaints include pain in the left shoulder, neck and low back. Current diagnoses include shoulder sprain, lumbar sprain, lumbar radiculitis, stenosis, and disc bulge. In a progress note dated 06/08/15 the treating provider reports the plan of care as acupuncture. The requested treatments include acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture twice a week for 6 weeks:** Upheld

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care (chiropractic, physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable

and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. A request of an initial 12 sessions is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, therefore is seen as excessive, not supported for medical necessity.