

<b>Case Number:</b>	CM15-0062980		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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 62 year old female, who sustained an industrial injury on March 10, 2011. She reported neck pain, bilateral upper extremity pain with numbness and tingling, low back pain, lower extremity pain and radiating tingling and numbness to the lower extremities. She also noted poor sleep and whole body fatigue. The injured worker was diagnosed as having displacement of cervical intervertebral disc without myelopathy, bilateral shoulder impingement syndrome, displacement of lumbar intervertebral discs without myelopathy and post-traumatic stress disorder. Treatment to date has included diagnostic studies, physical therapy, psychiatric care, medications and work restrictions. Currently, the injured worker complains of continued depression, neck pain, bilateral upper extremity pain with numbness and tingling, low back pain, lower extremity pain and radiating tingling and numbness to the lower extremities. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. It was noted she tripped and fell on two occasions injuring the knees, buttocks and arms. She was treated conservatively without complete resolution of the pain. Evaluation on October 20, 2014, revealed continued complaints as noted. Acupuncture for the cervical and lumbar spine were requested.

### 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 four weeks to the 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 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 twelve prior acupuncture sessions (unreported gains), the patient continues symptomatic, taking oral medication and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 8, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 8 does not meet the guidelines criteria for medical necessity and is not medically necessary.