

<b>Case Number:</b>	CM15-0065734		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	04/15/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 59 year old female patient who sustained an industrial injury on 04/15/2014. A secondary treating office visit dated 09/26/2014 reported the patient with subjective complaint of pain in her right shoulder, left hip and left knee. She is status post series of injections which brought her a short amount of improvement. Of note, her nociceptive pain is not well addressed. Medications were refilled this visit to include Norco being increased to 7.5mg #60 addressing the nociceptive pain. Discussion occurred that described the next step regarding the right shoulder with recommendation for arthroscopy intervention. Additional injections are still offered with note of not to exceed 4 in one year. The following diagnoses are applied: lumbosacral radiculopathy; shoulder impingement, and hip tendinitis/bursitis. A primary treating office visit dated 08/20/2014 reported subjective complaint of low back pain that radiates to the left lower extremity, left hip, right shoulder and right knee pains. She is diagnosed with disc herniation L4-5, disc bulge l5-S1, left hip, knee tendonitis, strain/sprain, and osteoporotic compression, lumbar radiculopathy, and right shoulder tendonitis. The plan of care involved continuing with home exercise program, and acupuncture treatment. She is to remain off from work through 09/25/2014 and follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient acupuncture 8 sessions:** Upheld

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

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

**Decision rationale:** Based on the records available for review, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous 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. As the provider requested 8 sessions, number that exceeds the guidelines recommendations without documenting any extraordinary circumstances, the request is seen as excessive, therefore is not medically necessary.