

<b>Case Number:</b>	CM15-0072000		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 was a 49 year old male, who sustained an industrial injury, June 6, 2011. The injured worker previously received the following treatments Oxycontin, Norco, Naproxen, Zantac, physical therapy, right shoulder arthroscopic surgery, random toxicology laboratory studies and right knee MRI. The injured worker was diagnosed with internal derangement of the right knee, right shoulder strain, right elbow and right forearm sprain, right wrist and hand sprain, right knee sprain, right ankle and foot contusion and strain, internal derangement of the right knee, thoracolumbar musculoligamentous sprain/strain with superimposed mild degenerative disease. According to progress note of March 10, 2015, the injured workers chief complaint was right shoulder right knee and mid and lower back pain. The injured worker had a 50% reduction in pain with medication and without medication the pain was 10 out of 10; 0 being no pain and 10 being the worse pain. The pain was described as aching, annoying, burning, cold, constant, cramping, dull, excruciating, hot, intense, numb, radiating, shooting, sore, stinging, tight, tingling, transient and severe. The pain was aggravated by activity. The pain was relieved by lying down, sometimes sitting and medication. The physical exam noted tenderness with palpation of the lumbar paraspinal muscles and S1 joint. The treatment plan included acupuncture to the mid and lower back. Six visits of acupuncture were approved as a trial on 3/31/2015. An initial acupuncture visit note was submitted on 4/13/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Acupuncture 1x12 to the mid and lower back:** 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, 12 visits exceeds the recommended guidelines for an initial trial. Therefore the request is not medically necessary.