

<b>Case Number:</b>	CM15-0072510		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	06/28/2004
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/10/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 70-year-old male who sustained a work related injury June 28, 2004. While filling a tank with oil, some spilled out and he fell onto his back with injury to the back, left hand, and left shoulder area. According to a primary treating physician's progress report, dated April 1, 2015, the injured worker presented with cervical spine pain, rated 5/10, with radiation to the upper back, constant left shoulder pain, rated 6/10, left wrist pain, rated 4/10, without radiation and worse with pushing motion, and lower back pain, rated 6/10, without bladder or bowel incontinence. Diagnoses included lumbar injury; cervical discogenic syndrome; lumbar discogenic syndrome; lumbosacral neuritis. Treatment plan included continue conservative treatment with LidoPro cream, home exercise program, TENS unit, thumb spica, and request for authorization of acupuncture x 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) acupuncture sessions:** Upheld

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

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

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for neck, shoulder, wrist, and low back pain. Treatments have included physical therapy. When seen, the claimant was noted to be able to perform a home exercise program. Being requested is authorization for 12 acupuncture treatments. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations and the claimant is already able to independently perform a home exercise program. The requested acupuncture treatments were not medically necessary.