

<b>Case Number:</b>	CM15-0092697		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	04/10/2014
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 is a 43 year old male, who sustained an industrial injury on April 10, 2014. He reported neck, lumbar, right knee and right ankle pain, headaches, sleep disruptions, stress and depression. The injured worker was diagnosed as having cervical disc syndrome, lumbar intervertebral disc degeneration with myelopathy, lower extremity neuritis, right knee internal derangement, right ankle internal derangement, headache, insomnia, depression, status post right ankle surgery with residual pain and post-traumatic stress disorder. Treatment to date has included diagnostic studies, conservative care, medication and work restrictions. Currently, the injured worker complains of continued neck, lumbar, right knee and right ankle pain, headaches, sleep disruptions, stress and depression. He reported bilateral lower extremity pain, tingling and numbness aggravated by activities of daily living. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on March 10, 2015, revealed continued pain as noted. Acupuncture, physiotherapy, an orthopedic consultation and epidural steroid injections to the neck and low back were recommended. Acupuncture of the right knee and ankle was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture right knee/right ankle:** Upheld

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

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

**Decision rationale:** The UR determination of April 15, 2015 denied the request for Acupuncture treatment, 8 sessions citing CAMTUS Acupuncture Treatment Guidelines. The reviewed medical records reflect initiation and completion of 3 Acupuncture sessions with no reported benefit obtained in pain modification or increase in ADL's. The referenced CAMTUS Acupuncture Treatment Guidelines support additional treatment following an initial trial of care when objective evidence of functional improvement is provided. The reviewed medical records did not provide evidence of medical necessity to continue with treatment or comply with referenced CAMTUS Acupuncture Treatment Guidelines. The request is not medically necessary.