

<b>Case Number:</b>	CM15-0095910		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	08/21/2014
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 58 year old female, who sustained an industrial injury on 8/21/2014. She reported twisting her left ankle while ascending a staircase. The injured worker was diagnosed as having lumbar sprain, ankle sprain/strain, and contusion of lower leg. Treatment to date has included diagnostics, physical therapy, unspecified acupuncture, and medications. Currently (5/02/2015), the injured worker complains of pain in her lumbar spine, left hip, and left ankle. Objective findings were unchanged. The treatment plan included acupuncture for the lumbar spine, left hip, and left foot/ankle. She was to continue with unspecified medications. Work status was total temporary disability. The previous progress report (4/01/2015) noted a treatment plan to continue physical therapy and start acupuncture. It could not be determined the number of acupuncture treatments completed to date, as treatment progress notes were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture - 6 treatments (left ankle, left hip 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 an unknown number of prior acupuncture sessions (unreported gains), the patient continues symptomatic and no evidence of any objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvements attributable to prior acupuncture, the additional acupuncture requested is not medically necessary.