

<b>Case Number:</b>	CM15-0099793		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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 67 year old female who reported an industrial injury on 1/6/2014. Her diagnoses, and/or impressions, are noted to include: cervical disc protrusion; right major elbow lateral epicondylitis; lumbar spinal stenosis; status-post total left hip replacement x 3; right knee meniscus injury; and left elbow strain. The most recent magnetic imaging studies are noted in April and May of 2014, and x-rays in February - April 2014. Her treatments have included physical therapy; use of a walker; acupuncture treatments; psychotherapy; a panel qualified medical examination with report on 2/20/2015; medication management; and rest from work. The progress notes of 10/18/2014 reported complaints, which included constant, moderate pain in the cervical spine, improved with rest and medications. The objective findings were noted to include positive assessment findings of the cervical and lumbar spine. The physician's requests for treatments were noted to include acupuncture treatments for the cervical and lumbar spine. Per a QME dated 2/20/2015, the claimant attends physical therapy three times a week and acupuncture once a week. She struggles with most activities of daily living and has pain in the neck, low back, right knee, right foot, bilateral heels, left foot, and right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks for the cervical spine:** 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 of unknown quantity and duration and with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.

**Acupuncture 2 times a week for 6 weeks for the lumbar spine:** 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 of unknown quantity and duration and with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.