

<b>Case Number:</b>	CM13-0012834		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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. The Expert Reviewer is licensed in Chiropractic and Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 employee is reported to be a 62-year-old female, with a date of injury of 12/16/2010. The employee was walking across the street and struck her head. She sustained a head laceration and subsequent headaches and concentration problems. The UR determination of 7/22/13 denying further acupuncture one time a week for six weeks, reported that the patient has received 28 sessions of acupuncture, 18 in 2012 and 10 in 2013. The UR determination rationale for denial was the failure of submitted reports to support clinical evidence of functional improvement as found in the CA MTUS Acupuncture Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) acupuncture sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines

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

**Decision rationale:** The reviewed medical record from [REDACTED], dated 7/10/13, reported the patient presentation for a migraine headache. She presented with a history of severe bifrontal headaches that began on 1/1/2011, with concentration and memory issues, and neck

pain. Relief has been obtained with Keppra, Zoloft and several other medications and acupuncture. She reported several migraines since she is "out of acupuncture treatment." The plan: medications; acupuncture. The Acupuncture Treatment Guidelines require of the requesting provider evidence of functional improvement accompanying any request for continuing or additional acupuncture care. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. The reviewed report from [REDACTED] addresses historical benefit from acupuncture care, without evidence that application of acupuncture care led to improved activities of daily living, reduction in medications or overall medical management or evidence of RTW status. The 7/22/2013 UR determination rational for denial of one time a week for 6 weeks of acupuncture care, requested by [REDACTED] on 7/10/13, was appropriate and consistent with reviewed documents. The appeal for acupuncture one time a week for 6 weeks is denied.