

<b>Case Number:</b>	CM13-0019303		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/22/2012
<b>Decision Date:</b>	01/03/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 physician 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.

### 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 patient is a 43 year old male who sustained a work injury on 7/23/2012. He had a head injury, nasal fracture, facial lacerations, and right wrist injuries. His primary diagnosis is cervicalgia. The patient has ongoing neck, upper, and lower back pain. He also has flank pain. He has had extensive physical therapy but no prior acupuncture treatments. He had several fractures and surgery and casting to correct the fractures. He also has had oral medications. He also has concurrent psychological issues such as sleep problems, personality change, and sexual dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of acupuncture:** Upheld

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

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

**Decision rationale:** According to evidence based guidelines, an initial trial of acupuncture consists of 3-6 visits. Although the employee has chronic pain and qualifies for a trial, the request for 12 visits exceeds the number for an initial trial. If this is a request for an initial trial, it is not medically necessary based on the number requested. If this is a request for further visits, there are no notes included in the records provided for review to substantiate that acupuncture has been performed on the employee. Further acupuncture visits after an initial trial are

medically necessary based on demonstrated functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had six acupuncture visits approved. However, no new documentation has been submitted on completed sessions or functional improvement. The request for 12 sessions of acupuncture is not medically necessary and appropriate.