

<b>Case Number:</b>	CM13-0028679		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	09/30/1999
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, 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. 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 claimant is a 65-year-old female who was injured in a work related accident May 7, 2011. Records available for review in this case indicate documentation of prior acupuncture treatment with greater than ten sessions documented between February and early May of 2013. A recent request of August 9, 2013 by [REDACTED] indicates a prescription for further treatment of acupuncture at that time for six additional sessions. Subjectively at clinical visit of August 9, 2013, the claimant was with continued cervical muscle tenderness, with no documentation of neurologic findings. He gave the claimant the diagnoses of cervical sprain with cervical spondylosis, insomnia and as stated referred the claimant back for further acupuncture treatment at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 times 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Based on California MTUS Acupuncture Guidelines, continued use in this case of acupuncture would not be indicated. Optimal duration of treatment is one to two months. This claimant has clinical records dating between February and May of 2013 for a greater than three month of time attending continuous acupuncture sessions. An additional six sessions of acupuncture at this time with documentation of three prior months of the above modality in a claimant who continues to complain of pain and need to utilize medication management would not support further acupuncture treatment at this time.