

<b>Case Number:</b>	CM13-0035741		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	12/23/2012
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 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. 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:

Claimant is a 40 year old male who sustained a work related injury on 10/23/2012. His primary diagnoses are neck sprain/strain, brachial neuritis, radiculitis, degeneration of cervical intervertebral disc, and spasms of muscle. The claimant complains of neck pain and stiffness and pain down the left arm. The pain also goes to the left hand particularly into the 3rd and 4th digits of the left hand. Lifting and overhead activities increase the pain. The claimant is on modified work. Six acupuncture visits were certified as an initial trial on 9/16/2013. Prior treatment includes physical therapy, epidural steroid injection, and oral medication. There is no documentation of completion or initiation of the authorized acupuncture trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2X PER WK X 5WKS 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 visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a

reduction in work restrictions. There is no documentation of completion or of functional improvement from the authorized trial of six visits. Therefore further acupuncture is not medically necessary. If this is a request for an initial trial, ten visits exceeds the recommended guidelines for an initial trial.