

<b>Case Number:</b>	CM13-0035929		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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, has a subspecialty in 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 patient is a 54-year-old male with a date of injury of 11/19/2012. According to the records dated 11/11/2013, the patient reported that the neck and back pain has gotten worse since acupuncture has been denied. He has no numbness and tingling in the arms and legs. Objective findings revealed cervical and lumbar paraspinal tenderness, motor strength 5/5 of the bilateral upper extremity, and normal reflexes of the upper and lower extremity except for left Achilles (+1). The patient has full range of motion of the bilateral shoulders with no weakness of his rotator cuff. He was diagnosed with cervical strain, trapezius strain, lumbar strain, and right hip strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the cervical spine 2 week x 3 weeks:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines states that acupuncture may be extended if functional improvement is documented as defined in section 9792.20(f). Records indicate that the patient had acupuncture sessions in the past and noted that it was

helpful with his pain. There was no documentation of functional improvement in the submitted records. Therefore, the provider's request for additional acupuncture sessions 2 times a week for 3 weeks is not medically necessary at this time.