

<b>Case Number:</b>	CM13-0037771		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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, 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:

Claimant is a 44 year old female who sustained a work related injury on 7/22/2011. Her primary diagnoses are cervical degenerative disc disease, right upper extremity radiculopathy, chronic right shoulder strain, chronic lumbar strain, diffuse regional myofascial pain, and chronic pain syndrome with both sleep and mood disorder. Prior treatment includes acupuncture, chiropractic, and oral medications. Per a PR-2 dated 1/29/2014, she has right sided neck, right shoulder girdle, headaches, and low back pain. The pain is constant, sharp, and is aggravated by sustained posturing or any upper extremity use or significant physical activity. The report also states that she has benefitted from acupuncture and chiropractic but has stopped them as of April 2013. However, according to a PR-2 dated 9/25/2013, she has had three sessions of acupuncture that have helped her symptoms significantly. These three sessions were approved on 8/9/2013. According to a PR-2 dated 5/22/2013, the physician states that she was going to acupuncture but her symptoms were not improving.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2 X 3 FOR THE NECK:** 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. The claimant has had extensive acupuncture treatments numbering anywhere from 15-20 treatments. However the provider failed to document any objective functional improvement associated with her acupuncture visits. A QME recommended further acupuncture according to MTUS guidelines and not indiscriminate acupuncture. From the last three sessions of acupuncture, there was no functional improvement noted and there was also no improvement noted in the May 2013 Pr-2. Therefore further acupuncture is not medically necessary.