

<b>Case Number:</b>	CM13-0039198		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	03/24/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Board Certified 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 sustained a work related injury on 3/24/2012. Her diagnoses is cervical strain, cervical radiculopathy, bilateral carpal tunnel syndrome, myofascial pain syndrome, and congenital Erb's palsy. Prior treatment includes oral medication, trigger point injections, physical therapy, TENS, home exercise program, and acupuncture. Per a PR-2 dated 10/14/2014, the claimant is having pain in the upper left back to the left lower extremity with some intermittent tingling sensation affecting the left hand. She is working full duty and deemed permanent and stationary as of 2/13/2013. The claimant has had at least three sets of acupuncture treatment starting in 2012. Per a Pr-2 dated 10/22/2012, the provider states that the claimant has had an improvement of symptoms since starting acupuncture. Per a Pr-2 dated 4/26/2013, the claimant reports relief from acupuncture when done weekly but recurrence since stopping five weeks ago. Per a PR-2 dated 8/5/2013, the claimant has reported continual improvement with acupuncture, gabapentin, and a home exercise program.

### 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 (6 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**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 at least three separate authorizations for prior acupuncture, however the provider failed to document functional improvement associated with her acupuncture visits. In regards to previous acupuncture rendered: no significant, measurable outcomes found through treatment were documented, nor were any increase in ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. Therefore further acupuncture is not medically necessary.