

<b>Case Number:</b>	CM13-0041097		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. She has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Chiropractic and Acupuncture and is licensed to practice in California. 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 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. 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 woman who was involved in a work related injury on 1/7/2013. Her primary diagnoses are lumbar and cervical sprain/strain, carpal tunnel syndrome. She complains of low back pain and right wrist pain. It is worse with repetitive right wrist usage. Prior treatment includes oral medications and acupuncture. Per a report on 7/2/2013, the physician states that the claimant has had some functional symptom improvement with acupuncture. No objective findings have changed in her exam. Acupuncture notes submitted are mostly illegible but mostly focus on the claimant's use of pain medication which has not significantly changed in the last 8 visits

### IMR ISSUES, DECISIONS AND RATIONALES

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

**acupuncture 2 x 6 for cervical/lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

**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 16 acupuncture visits. However the provider failed to document objective functional improvement associated with her acupuncture visits. Therefore 12 sessions are not medically necessary.