

<b>Case Number:</b>	CM13-0046273		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/14/2011
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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:

Claimant is a 59 year old female who sustained a work related injury on 11/14/2011. Diagnoses include bilateral cervical strain, cervical degenerative disc disease, and myofascial pain syndrome. Prior treatment includes acupuncture, physical therapy, and oral medication, trigger point injections. Per a report dated 10/15/2013, she has neck pain and no upper extremity radicular or neurologic complaints. She has no low back pain. She is on full duty. Prior acupuncture was rendered in December 2011. No documentation of functional improvement was found in the notes. Acupuncture has been requested and denied several times since then.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 ACUPUNCTURE VISITS:** 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 an unknown number of acupuncture visits.

There is no functional improvement documented from prior visits. Also, there is no documentation of functional deficits to be addressed with acupuncture or an exacerbation of her condition. Therefore, further acupuncture is not medically necessary based on lack of functional improvement from prior acupuncture and lack of functional deficits to be addressed.