

<b>Case Number:</b>	CM13-0051759		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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:

Injured worker is a 30 year old male who sustained a work related injury on 8/23/12. His diagnoses are cervical/thoracic/lumbar strain/strain. Prior treatment includes work restrictions, acupuncture, physical therapy, sutures, TENS, and oral medication. The claimant had twelve sessions of acupuncture in 2013. Per a Pr-2 dated 4/30/2014, the claimant has persistent neck, mid and low back pain. He has completed a course of acupuncture. He has neck pain and stiffness radiating to both shoulders, mid back pain and low back pain. He has reached maximal medical improvement. Per a Pr-2 dated 1/29/2014, the claimant has had a session of acupuncture and came back with more stiffness. He would like to switch locations for acupuncture. Per a PR-2 dated 3/12/2014, the claimant states that he is noticing improvement in his back pain with acupuncture along with less stiffness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture twice a week for six weeks for the C-spine and I-spine:** 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 a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had at least six sessions of acupuncture in the last year; however there is documentation of objective functional improvement associated with the completion of his acupuncture visits. Therefore further acupuncture is not medically necessary.