

<b>Case Number:</b>	CM13-0053521		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/25/2008
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 40 year old male who was involved in a work related injury on 6/25/2008. Diagnoses include status post cervical discectomy and fusion and C5 radiculitis/radiculopathy. Prior treatment includes medication, anterior and posterior cervical fusion, C5 selective nerve block, and home exercise program. 4 acupuncture visits were approved as an initial trial in 8/2013. Per a PR-2 datd 12/17/2013, the claimant complains of constant headaches, severe neck pain, upper extermety pain, left shoulder pain and radiation to left shoulder blade and hand, back pain, and radiation to right lower extremity down to the left buttocks. The provider states that the claimant should continue with acupuncture. However there is no discussion on prior progress as related to acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE FOR CERVICAL AND UPPER LEFT EXTREMETIES, TWICE PER WEEK FOR FOUR WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, 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 at least 4 visits of acupuncture as an initial trial. However the provider failed to document functional improvement associated with his acupuncture visits. There are no significant changes in examination findings and no discussion of improvement related to acupuncture treatment. Therefore further acupuncture is not medically necessary.