

<b>Case Number:</b>	CM13-0060207		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 a Licensed Acupuncturist, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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:

The applicant is a female employee who has filed an industrial claim for her left shoulder, cervical and lumbar spine injury that occurred on 6/4/13. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of neck, shoulder, and back spasms, pain, and stiffness. As of 9/18/13, the primary treating physician requested an additional six sessions of acupuncture to treat her pain and to reduce some of her symptoms. Her treatment to date includes, but is not limited to, six prior acupuncture sessions, at least eight physical therapy sessions, pain and anti-inflammatory medications, and MRI's. In the utilization review report, dated 11/21/13, the UR determination did not approve the additional six sessions of acupuncture in light of "functional improvement" of MTUS guidelines. Indicated, the notes provided do not convey specific functional improvement, reduction in pain/spasms or a reduction in medication use for the applicant. Therefore, the advisor denied the additional request for these six acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2X3 WEEKS OF THE C-SPINE, T-SPINE, AND LEFT SHOULDER:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** MTUS 9792.24.1 Acupuncture medical treatment guidelines state that the time to produce a functional improvement is 3 to 6 treatments, 1 to 3 times per week for an optimum duration of 1 to 2 months. The applicant received an initial round of acupuncture care of at least six visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of functional improvement. After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. Additionally, there is no evidence of a reduction in the dependency on continued medical treatment. Therefore, the request is not medically necessary.