

<b>Case Number:</b>	CM13-0066837		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/23/2001
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 and 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 physician 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 57 year old female who sustained a work related injury on 12/23/2001. Her primary diagnoses are brachial neuritis, migraine, and myalgia. Per a PR-2 dated 10/22/2013, the claimant has had an increase of neck pain in the last few weeks. She reports a decrease in physical activity and increased need for medication. Prior treatment includes oral medication, home exercise program, radiofrequency ablation, injections. The last report also states that she is authorized and scheduled for another round of ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) 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. There is no documentation of prior acupuncture or functional improvement from acupuncture treatment. If this is a request for an initial trial, eight visits

exceeds the recommended guidelines for an initial trial. Therefore, acupuncture is not medically necessary as requested.