

<b>Case Number:</b>	CM13-0067891		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Board Certified in Physical Medicine & Rehabilitation 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:

The injured worker is a 57-year-old female who reported an injury on 02/02/2010. The mechanism of injury was not stated. Current diagnoses include myofascial pain, cervical radiculitis, history of cervical fusion, lumbar radiculitis versus piriformis syndrome, and left wrist pain/extensor tendonitis. The injured worker was evaluated on 11/05/2003. The injured worker reported neck pain, back pain, gluteal pain, and left wrist pain. Previous conservative treatment includes acupuncture. Physical examination revealed normal findings. Treatment recommendations included additional acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE (6 SESSIONS):** Upheld

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

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

**Decision rationale:** medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. As per the documentation submitted, the injured worker has completed 6 initial

sessions of acupuncture treatment. Although it is noted that the injured worker reported significant improvement, there is no evidence of objective functional improvement. Therefore, ongoing treatment cannot be determined as medically appropriate.