

<b>Case Number:</b>	CM13-0072193		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Acupuncture 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, employed by [REDACTED] in [REDACTED] as a payroll employee who has filed a claim for a cumulative industrial injury causing constant cervical, shoulder and trapezius pain presenting with numbness and soreness to the fingers. Job duties entailed persistent keyboarding and mouse usage. Neck range of motion diminished with pain. Since this incident, the applicant has received conservative and active treatments consisting of physical therapy, chiropractic care, thirty acupuncture treatments, nerve pain and anti-inflammatory medications; MRI's of the cervical spine, home exercises and recommended EMG/NCV studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL ACUPUNTURE X 8 VISITS FOR NECK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Evidently the applicant has had at least thirty prior acupuncture sessions without any real benefit or evidence of objective functional improvement. As noted in MTUS

Guidelines, acupuncture treatments may be extended if functional improvement exists and is documented. Therefore, additional acupuncture therapy is not medically necessary