

<b>Case Number:</b>	CM14-0006087		
<b>Date Assigned:</b>	05/23/2014	<b>Date of Injury:</b>	01/10/2001
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 and 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 applicant is a female employee who has filed a claim originally for an injury to her cervical spine. Her current signs and symptoms consist of posterior neck, upper back and bilateral shoulder pain. The incident occurred on the job on 1/10/01. The mechanism of injury is not specified in the records I reviewed. On 11/13/13, the treating acupuncturist documented a decrease in the applicant's pain in her upper back and shoulders. The applicant stated she is happy to continue with acupuncture for her pain on her upper back. Evidently, she is a candidate for surgery to her neck and shoulders but wants to avoid surgery. Current diagnosis consists of cervical disc displacement, lumbar disc without myelopathy, cervical disc degeneration, and neck pain. On 11/15/13, the physician submitted a request for an additional six acupuncture treatments. Since the incident, the applicant's treatment consists of, but not limited to prior twelve acupuncture treatments, oral and topical anti-inflammatory medications, and recently began functional restorative program. In the utilization review report, dated 11/22/13, the UR determination was unable to approve these additional six acupuncture sessions in light of "functional improvement", defined by MTUS guidelines. The physician advisor discovered a lack of clear objective or functional progress documented in the reports. Therefore, did not certify the additional request of six visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 ADDITIONAL SESSIONS OF ACUPUNCTURE:** Upheld

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

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

**Decision rationale:** Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received at least twelve acupuncture sessions 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. The applicant has a permanent and stationary status and permanently disabled. Therefore, these Additional Six Sessions of Acupuncture Therapy is not medically necessary.