

<b>Case Number:</b>	CM14-0008074		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	05/29/2009
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Anesthesiology and is licensed to practice in Massachusetts, New Jersey, Connecticut and Texas. 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 patient is a 59 year old female who sustained a work related injury on 5/29/2009. Per a Pr-2 dated 6/27/2012, the claimant continues acupuncture with benefit. Three sessions of acupuncture were certified on 7/31/2013. Per a Pr-2 dated 12/27/2013, the claimant has neck pain radiating to bilateral arms and low back pain. Prior treatment includes acupuncture, physical therapy, neck surgery, and oral medications. Her diagnoses are status post anterior cervical fusion, status post artificial disc placement, traction injury to vocal cords, severe headaches, and lumbar sprain/strain. The claimant has had a total of 21 acupuncture sessions to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE SESSIONS QTY: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 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 a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The

claimant has had acupuncture in the past and 3 sessions authorized as a trial in 2013, however the provider failed to document functional improvement associated with the completion of her acupuncture visits. In regards to previous acupuncture rendered: no significant, measurable outcomes found through treatment were documented, nor were any increase in ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. Therefore further acupuncture is not medically necessary.