

<b>Case Number:</b>	CM14-0105724		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/06/1997
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 licensed in Chiropractic, Board Certified in 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 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:

Claimant is a 58 year old female who sustained a work related injury on 5/6/1997. Per a PR-2 dated 5/29/14, the claimant is requesting a new prescription for acupuncture since it helped her pain significantly in the past. Her pain is constant, sharp, dull, throbbing, burning, achy, electricity, and pins and needles. Prior treatments include medication, acupuncture, and topical medication, and H-wave. Her diagnoses include, pain in the joint, reflex sympathetic dystrophy, chronic pain syndrome, and opioid type dependent. She has had 16 visits of acupuncture from 1/8/14-6/2/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 16 sessions:** Upheld

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

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

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Acupuncture Medical Treatment Guidelines. The Expert Reviewer's decision rationale: According to evidenced based guidelines, "further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. Functional improvement refers to 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 sixteen prior acupuncture sessions this year with reported pain reduction. However the provider failed to document functional improvement associated with the completion of her acupuncture visits. Therefore further acupuncture is considered not medically necessary.