

<b>Case Number:</b>	CM14-0011959		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 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 employee who has filed a claim for an injury to her neck, upper back, and left arm. The incident occurred October 9, 2012, on the job, while using physical force. As per the most recent notes provided from the acupuncturist, dated 1/07/14, she continues her condition has improved, but slower than expected and still suffers with neck, and bilateral pain; using a Visual Analog Scale for pain, all areas scored a 4-6/10. Pain is worse at night. Since the incident, the applicant is permanent and stationary status with modified work duties. However, modified work duty is unavailable, so she has been off work since the incident. The applicant's treatment to date consists of, but not limited to, physical therapy, acupuncture care, trigger point injections, tens unit and pain and anti-inflammatory medication. Diagnostically, she has obtained electro-diagnostic and nerve conduction study of her left upper extremity, MRI (magnetic resonance imaging) and computed tomography (CT) scan of her cervical spine, and bone scans of the cervical and thoracic spine. In the utilization review report, dated 1/23/14, the utilization review (UR) determination was unable to approve these twelve acupuncture sessions in light of "functional improvement", defined by MTUS guidelines. Unfortunately, no significant clinical findings of an increase in performing her activities of daily living or increase in work status was provided, so therefore, the request of twelve additional visits was not certified. &#8195;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS, QTY: 12.00:** 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 an unspecified number of 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. It is noted, the applicant is off work since the incident occurred. Therefore, these additional twelve sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.