

<b>Case Number:</b>	CM14-0014868		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 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:

This is a 59 year old female patient with neck and left shoulder pain complains. Diagnoses included cervical spondylosis, impingement syndrome of shoulder. Previous treatments included: oral medication, unknown number of prior acupuncture sessions, and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture 2x4 was made on 01-14-14 by the PTP. The requested care was denied on 01-28-14 by the UR reviewer. The reviewer rationale was "a trial of 3-6 sessions is recommended by the MTUS as an option for pain condition; after prior acupuncture, no objective functional improvement was documented, therefore additional acupuncture is not supported for medical necessity by the guidelines".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL ACUPUNCTURE TREATMENT, 2 TIMES A WEEK FOR 4 WEEKS:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE TREATMENT GUIDELINES, ,

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

**Decision rationale:** Current guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Although prior acupuncture sessions rendered were reported as helpful, no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, the additional acupuncture times 8 is not medically necessity.