

<b>Case Number:</b>	CM14-0121263		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Chiropractic & 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 49 year old male who sustained a work related injury on 9/19/2012. Per a report dated 6/30/14, the claimant has not begun acupuncture but has been released to light duty. He still remains symptomatic with the cervical spine being the most problematic area. Examination finds tenderness over the cervcial area and surrounding musculature, decreased cervical range of motion, increased pain with cervical motion, tenderness in the lumbar musculature, decreased lumbar range of motion, and diminished sensation in the right lower extremity especially over the L5 dermatome. On 7/1/14, six acupuncture visits were certified. His diagnoses are cervical, thoracic, and lumbar spine sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture to cervical and lumbar spine 2x week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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 either a clinically significant improvement in activities of daily living or a

reduction in work restrictions. There is no documentation of completion or of functional improvement from the authorized trial of six visits. Therefore further acupuncture is not medically necessary. If this is a request for an initial trial, twelve visits exceeds the recommended guidelines for an initial trial.