

<b>Case Number:</b>	CM14-0127744		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	07/02/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 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 39 year old female patient with pain complains of the neck. The diagnoses included brachial neuritis, and cervical disc degeneration. The previous treatments included oral medication, chiropractic-physical therapy, acupuncture (unknown number of prior sessions, gains reported as the most beneficial therapy) and work modifications amongst others. As the patient continued symptomatic, a request for 6 additional acupuncture was made on 07-23-14 by the PTP. There was no indication that the patient is actively seeking physical rehabilitation or surgical intervention. As such the claimant has not met the criteria for acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 3 for the neck:** Upheld

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

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

**Decision rationale:** The 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 beneficial, no clear 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 6 additional acupuncture is not supported for medical necessity.