

<b>Case Number:</b>	CM14-0128055		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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, has a subspecialty 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 36 year old female who sustained a work related injury on 11/20/2013. Four acupuncture visits were approved on 7/10/14. Prior treatment includes chiropractic and oral medication. Per a PR-2 dated 5/29/2014, the claimant has neck, low back pain, and headaches. Her pain has improved due to chiropractic therapy. She reports pain and pins and needles in her mid back that radiate to her neck and top of head. She states that her pain increases when she bends her head forward. She reports persistent headaches in the posterior neck region that can be severe. She says she has occasional flare-ups where she has difficulty concentrating and feels dizzy. She has stabbing pain in both her low back and mid back. She has occasional numbness in both hands. Her diagnoses are cervical/thoracic/lumbar spine sprain/strain, lumbar radiculopathy, and possible cervical radiculopathy. She is temporarily partially disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week times 4 weeks, neck/back:** 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 after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, eight visits exceeds the recommended guidelines for an initial trial.