

<b>Case Number:</b>	CM14-0170652		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	12/21/2000
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 a licensed Chiropractor & Acupuncturist, 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 41 year old female who sustained a work related injury on 12/21/2000. Per a PR-2 dated 8/22/2013, she has finished her acupuncture one month ago and would like more. With acupuncture her pain goes down to 2/10 and without it is 6/10. She is taking more medications and struggling with her pain. Per a Pr-2 dated 4/16/2014, the claimant's last acupuncture was January of this year and acupuncture has been beneficial in the past. She has had 8 sessions that significantly reduced her neck pain and allowed her to continue working full time as well as exercise consistently with decreased overall pain. She is not taking any narcotics. Her diagnoses are protruding discs cervical, chronic neck pain, and EMG within normal limits. Per a PR-2 dated 8/19/2014, the claimant has had increasing neck pain since 2012 when she was given a different work station. She was provided acupuncture which decreases her pain levels, but when she goes back to work the symptoms would start to return.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 8 visits to the cervical spine:** 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 of at least eight sessions and had mild temporary subjective benefits. The benefits stated focus mostly on temporary pain reduction. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further Acupuncture is not medically necessary.