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| <b>Case Number:</b>   | CM14-0023382 |                              |            |
| <b>Date Assigned:</b> | 05/07/2014   | <b>Date of Injury:</b>       | 03/01/2000 |
| <b>Decision Date:</b> | 07/09/2014   | <b>UR Denial Date:</b>       | 02/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/21/2014 |

### 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 and 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 69 year old female who sustained a work related injury on 3/1/2000. Per a Pr-2 dated 12/11/2013, she has increasing left sided neck and shoulder discomfort. Her diagnoses are multilevel cervical spondylosis, status post right lateral epicondyle release with tendonitis, mood disorder, cachexia, osteoporosis, sleep disturbance, gastritis, and left sided shoulder tendonitis. The claimant is permanent and stationary and on oral medications. Prior treatments are not documented. Per a Pr-2 dated 7/10/2013, the claimant reports to be attending acupuncture with benefit. The report also states that the acupuncture is self procured. According to prior review, the claimant had a trial of acupuncture with subjective benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE ONE X PER WEEK FOR 6 WEEKS TO THE CERVICAL:** 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 a clinically significant improvement in activities of daily living or a

reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had a trial of acupuncture, however the provider failed to document functional improvement associated with the completion of her acupuncture visits. The claimant appears to be paying for her own acupuncture and is requesting acupuncture because she is no longer able to afford treatment. However, there is no documentation of functional improvement with her self procured visits. In regards to previous acupuncture rendered: no significant, measurable outcomes found through treatment were documented, nor were any increase in ability to perform activities of daily living, increased ability to perform job-related activities, or reduced medication. Therefore the request for Acupuncture is not medically necessary.