

<b>Case Number:</b>	CM14-0023721		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Occupational & Preventative Medicine 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:

The patient is a 34 year old female with a date of injury of 9/2/11. The patient was hit in the head by a falling object and complains of migraine headaches and symptoms of post-concussion syndrome. The patient has had an MRI of the cervical spine with C2-C3 4mm disc bulge with moderate right neural foramen narrowing and impingement of the right exiting nerve root and C5-C6 mild posterior disc protrusion without significant central or foraminal stenosis. The patient has had 24 sessions of acupuncture therapy and the provider is requesting 2x4 additional acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TWO (2) TIMES A WEEK TIMES FOUR (4) WEEKS:** Upheld

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

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

**Decision rationale:** The provider has requested an appeal for the previous denial of requested 2x4 acupuncture sessions for the above injured worker. The rationale stated for the previous denial was due to a lack of definitive functional improvement and lack of documentation that the patient's medication had decreased. An 11/13/13 report by the neurologist stated that there was a

lack of response to oral therapies and Botox was recommended. While the provider has supplied supporting documentation in the form of questionnaire measured outcomes, there are no specific objective findings that demonstrate individualized functional improvement. Therefore, the request for additional 2x4 acupuncture sessions remains medically unnecessary at this time.