

<b>Case Number:</b>	CM14-0024357		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	02/04/1994
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 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:

The Claimant is a 70 year old female who sustained a work related injury on 2/4/1994. On 2/6/2014, 6 acupuncture visits were approved. Prior treatment includes physical therapy, chiropractic, acupuncture, and oral medication. There was an UR appeal dated 3/11/2014, that states that the claimant has stated that acupuncture has been extremely helpful in reducing chronic pain. According to prior UR review, the claimant is doing worse according to a PR-2 dated 1/30/2014. She is having an exacerbation of many symptoms but has been getting some better relief with the acupuncturist. She does not use medications due to multiple side effects. According to an AME dated 9/13/12, the claimant is about to start acupuncture. Her diagnoses are headache, cervicgia, cervical spondylosis, lumbosacral facet joint arthropathy, osteoarthritis of the knee, first metacarpocarpal joints, osteopenia, hypercalcemia, right rotator cuff tendinosis, mild subacromial bursitis, and right trochanteric bursitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 12 WEEKLY VISITS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 injured worker has had an unknown number of acupuncture treatments since 2012 and most recently six additional visits were approved on 2/6/2014. The provider failed to document functional improvement associated with the completion of the injured worker's acupuncture visits. In regard 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. A decrease of pain does not substantiate functional improvement. Therefore further acupuncture is not medically necessary.