

<b>Case Number:</b>	CM14-0027094		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 49 year old female whose date of injury is 06/07/2012. The mechanism of injury is described as long hours of using a microscope. She is status post cervical fusion on 03/07/13 and has been authorized for at least 24 postoperative physical therapy visits and 28 acupuncture visits. Progress note dated 02/04/14 indicates that diagnoses are neck pain, cervical disc degeneration, cervicobrachial syndrome and shoulder dysfunction. It is reported that she had a good response to acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 ADDITIONAL ACUPUNCTURE VISITS:** Upheld

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

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

**Decision rationale:** Based on the clinical information provided, the request for 12 additional acupuncture visits is not recommended as medically necessary. The submitted records indicate that the injured worker has been authorized for at least 28 acupuncture visits to date. California acupuncture guidelines note that optimum duration of treatment is 1-2 months, and there is no clear rationale provided to support exceeding this recommendation. The injured worker's

objective functional response to the most recently authorized 8 sessions of acupuncture in February 2014 is not documented to establish efficacy of treatment and support additional sessions. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided.