

<b>Case Number:</b>	CM14-0028069		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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, 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 patient is a 54 year old male with a date of injury of 06/09/2010. According to the progress report dated 4/7/2014, the patient complained of neck and low back pain. The neck pain radiates to the right upper extremity with numbness and tingling to the bilateral hands. The pain increases with activities of daily living. There was tenderness over the cervical paravertebral muscles bilaterally. It was noted that the left was greater than the right, Spurling's test with negative. In regards to the patients lumbar spine exam, there was tenderness over the lumbar paravertebral muscles, tenderness over the right sciatic notch, positive straight leg raise, and decrease range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SIX (6) SESSIONS OF ACUPUNCTURE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Acupuncture Guidelines.

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

**Decision rationale:** The acupuncture medical treatment guidelines states that acupuncture may be extended if there is documentation of functional improvement. According to the Utilization Reviewer, the patient had completed 12 acupuncture sessions. There were no documentation of functional improvement from the completed acupuncture treatments. Therefore, the provider's request for 6 acupuncture sessions is not medically necessary at this time.