

<b>Case Number:</b>	CM14-0029346		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/09/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 patient is a 30-year-old female with a date of injury of 4/09/2013. According to the progress report dated 12/20/2013, the patient complained of left shoulder pain, cervical spine, and thoracic spine pain. There was constant pain to the cervical and thoracic spine and increases with repetitive motion. Significant objective findings include tenderness over the bilateral trapezius and positive axial compression. The patient was diagnosed with cervical spine sprain/strain with upper extremity radiculopathy and thoracic spine sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture treatment for the cervical spine, qty 6:** Upheld

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

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

**Decision rationale:** The acupuncture medical treatment guidelines states that acupuncture treatments may be extended if functional improvement is documented as defined in section 9792.20(f). According to the utilization review dated 11/26/2013, the patient was authorized 8 acupuncture sessions for 11/12/2013 through 2/12/2014. Records indicate that the patient completed 7 acupuncture sessions from 12/5/2013 with the 7th session completed on 1/29/2014.

According to the progress report dated 12/20/2013, the provider noted that after completion of 3 acupuncture visits, the patient reported increase range of motion and decrease pain and decrease medication use after treatment. However, there was no documentation of the cervical spine range of motion in the report. The patient was authorized 8 acupuncture visits but records revealed that the patient completed 7 visits. There was no documentation of functional improvement from the previous acupuncture visits. Therefore, the provider's request for 6 additional acupuncture sessions to the cervical spine is not medically necessary at this time.