

<b>Case Number:</b>	CM14-0035674		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 and 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:

Claimant is a 36 year-old male who sustained a work related injury on 6/6/13. Per the Progress Report 2 (PR-2) dated 2/26/2014, he continues to have pain in the neck, low back, and right hand. He has occasional numbness of the right hand. Prior treatment includes physical therapy, acupuncture, injections, and oral medications. He is not working. Prior to doing acupuncture, he was working with restrictions. Per a PR-2 dated 11/13/2013, he has done acupuncture with relief. His diagnoses are myofascial pain syndrome, cervical strain, lumbar strain, cervical radiculopathy, lumbosacral radiculopathy, depression, and right forearm pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x week for 4 week (8 sessions) for the Cervical Spine, Lumbar Spine and Right Hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic).

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

**Decision rationale:** The claimant has had prior acupuncture of unknown quantity; however the provider failed to document functional improvement associated with the completion of his

acupuncture visits. Furthermore, the claimant went from working with restrictions to not working while undergoing acupuncture treatment. Therefore further acupuncture is not medically necessary.