

<b>Case Number:</b>	CM14-0039271		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/30/2012
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 dispute 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 applicant is a male employee who has filed an industrial claim for cervical, thoracic, and lumbar spine injury associated with upper extremity pain that occurred on 9/30/12. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of pain in his cervical spine. The treating physician requested eight additional sessions of acupuncture to treat his pain and to reduce some of his symptoms. Records indicate the applicant received prior acupuncture with noted improvement in pain level and inflammation, however, he currently still complains of persistent pain with extremity radiculopathy. The applicant remains "off-work" to date. The applicant's diagnosis consists of cervicalgia, lumbago, cervical, thoracic, lumbar, shoulder, wrist and hand sprains, brachial neuritis, and anxiety. His treatment to date includes, but is not limited to, at least twelve acupuncture sessions, physical therapy, multiple MRI's of multiple body parts, psychiatric evaluations, home exercise program, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 3/05/14, the UR determination did not approve the eight sessions of acupuncture determining the applicant received prior acupuncture of an unspecified number without functional improvement documented, as defined by MTUS noted by the treating physician.

### 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 weeks for the Cervical, Thoracic and Lumbar Spine, Shoulder/Arm: Upheld**

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

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

**Decision rationale:** Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". The applicant received an initial round of acupuncture care of an unspecified number of visits approved based on these guidelines. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, his work status did not change and continues to remain "off-work" due to this course of treatment. Therefore, these additional eight sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.