

<b>Case Number:</b>	CM14-0050734		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 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:

This is a 25 year old male patient with pain complains of the neck-upper back and left shoulder. Diagnoses included cervical spine disc desiccation, left shoulder effusion, and cervical sprain. Previous treatments included: oral medication, chiropractic-physical therapy, acupuncture x31 sessions (benefits reported as "temporary relief of pain") and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made by the PTP. The requested care was denied on 03-18-13 by the UR reviewer. The reviewer rationale was "the guidelines recommend the continuation of acupuncture if functional improvement is documented, but in this case the patient participated in 31 acupuncture sessions and did not have significant improvement. As no significant functional improvement was documented, additional sessions are not supported for medical necessity".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2xwk x 6wks neck:** Upheld

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

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

**Decision rationale:** Current guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After 31 prior acupuncture sessions (reported as temporary beneficial), no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x12 is not supported for medical necessity.

**Acupuncture 2xwk x 6wks left shoulder:** Upheld

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

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

**Decision rationale:** After 31 prior acupuncture sessions (reported as temporary beneficial), no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x12, which exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x12 is not supported for medical necessity.