

<b>Case Number:</b>	CM14-0056235		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/10/2003
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 & 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 male who sustained a work related injury on 7/10/2003. According to a prior UR review dated 4/10/14, the claimant has had 19 prior sessions of acupuncture with the last session in 2012. On 3/18/14, the claimant has intermittent moderate pain that is severe. He has frequent headaches and radicular symptoms to the left leg. His diagnoses are cervical sprain/strain, borderline CTS, disc degeneration/bulges, and status post lumbar fusion. Prior treatment includes lumbar surgery, physical therapy, and oral medication. Per a PR-2 dated 9/26/2013, the claimant has been authorized to receive acupuncture treatments and awaits scheduling. He has undergone prior acupuncture with relief and notes that he was able to decrease his pain medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 8 treatments to the cervical spine.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation ODG Treatment Guidelines.

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a

reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had prior acupuncture with reported benefit. However the provider failed to document objective functional improvement associated with the completion of his acupuncture visits. Also further acupuncture was approved in 2013, but there is no documentation of functional improvement from the completion of those visits. Therefore further acupuncture is not medically necessary.