

<b>Case Number:</b>	CM14-0056255		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/18/2014
<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 Board Certified in Acupuncture, has a subspecialty in Addiction Detox, 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 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 purpose of this review is to consider twelve acupuncture sessions. The applicant is a male employee who has filed an industrial claim for cervical and lumbar spine injury that occurred on October 8, 2013. Mechanism of injury is due commercial motor vehicle accident. Currently the patient complains of intermittent neck and low back pain. On February 19, 2014, the treating physician requested twelve additional sessions of acupuncture to treat his pain and to reduce some of his symptoms. The applicant complains of severe neck pain causing severe posterior headaches. The physical examination on February 19, 2014 revealed limited cervical range and tenderness. His current diagnosis consists of Sprain/Strain of his neck and lumbosacral region, and thorax contusion. His treatment to date includes, but is not limited to, X-rays, MRI, acupuncture, and oral and topical pain and anti-inflammatory medications. Applicant continues to be on modified work duty, including no driving of commercial vehicle and sedentary duty only. In the utilization review report, dated April 16, 2014, the UR determination did not approve the twelve sessions of acupuncture in light of "functional improvement", as defined by MTUS. The advisor indicated the applicant received prior acupuncture treatments and the records provided do not include evidence of functional improvement of the applicant, nor has the applicant work restrictions changed based on the prior acupuncture care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture sessions w/o stimul 15 min. (12 sessions): 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 at least six 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. His work status did not change due to this course of treatment. Therefore, the request for Additional Acupuncture sessions without stimulation, twelve sessions, 15 minutes per session, is not medically necessary or appropriate.