

<b>Case Number:</b>	CM14-0067032		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/23/2013
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 and is licensed to practice in Florida. 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 injured worker is a 57-year-old female who sustained an industrial injury to her neck and shoulder on 3/23/13. The mechanism of the injury is unclear. She has been diagnosed with cervical sprain/strain, and shoulder sprain/strain. She has been taking analgesic medications and has received corticosteroid injections. She has received physical therapy, chiropractic care, and an unknown number of acupuncture treatments. The documentation provided also suggests that the injured worker was educated in a home exercise/stretching program. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course(s) of acupuncture treatment. The medical necessity for the requested 12 acupuncture sessions has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 X6 to Cervical and Left Shoulder:** Upheld

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

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

**Decision rationale:** As per CA MTUS Acupuncture Medical Treatment Guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be

used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. CA Acupuncture guidelines states that the "time to produce significant improvement is 3-6 treatments." It also states that acupuncture may be "extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment." The current documentation does not provide information that the injured worker received any benefit from the previous acupuncture sessions. Therefore, the request for 12 acupuncture treatments for the cervical and left shoulder is not medically necessary.