

<b>Case Number:</b>	CM14-0079202		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/28/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 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 patient is a 48-year-old female that sustained an industrial injury on 8/28/08. The patient is a police officer, and as she was sitting on her motorcycle she sustained injuries to her neck and low back. The current diagnosis is: Cervical spondylosis, Cervical disc degeneration, Sprain lumbosacral, Cervicalgia, Lumbago and Sciatica. The medication history is as follows: Phentermine, Tramadol, Vit. D, Flexural, Ultram, Naproxen, and Skelaxin. She has received 12 prior acupuncture treatments, chiropractic care, massage, and stretching treatments. The subjective states that the patient has had some relief from her symptoms and an increase of activities of daily living. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course of acupuncture treatment. The medical necessity for the requested 6 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:

**Continue Acupuncture 1 x 6:** Upheld

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

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

**Decision rationale:** The patient is a 48-year-old female that sustained an industrial injury on 8/28/08. The patient, who is a motorcycle police officer sustained injuries as she was sitting on her motorcycle. The records indicate subjective complaints of low back pain, neck pain associated with radicular pain into the right foot; and intermittent pain to the left elbow. The patient received 12 prior acupuncture treatments. She has also received chiropractic care, stretching, massage and medications. The patient reported improvement of activities of daily living with prior acupuncture treatments, however the records provided do not provide clinical support for continued acupuncture care. There is a lack of documentation of functional improvement. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) 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. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions, and the objective findings from the provider are unknown.