

<b>Case Number:</b>	CM14-0079682		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/08/2006
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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, has a subspecialty 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:

The patient is a 63-year-old male with a date of injury of 10/08/2006. According to the progress report dated 6/10/2014, the patient complained of chronic back pain. The patient stated that his condition remained the same since last visit. He reported trouble sleeping. Significant objective findings include decrease range of motion in the cervical as well as lumbar spine, tenderness over the cervical and lumbar paraspinal muscles. Spurling's maneuver was negative for radicular pain. The patient was diagnosed with cervicgia, chronic pain syndrome, cervical spondylosis without myelopathy, thoracic spondylosis without myelopathy, and lumbosacral spondylosis without myelopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, trial of nine (9) sessions for shoulder pain and cervicothoracolumbar:**  
Upheld

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

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

**Decision rationale:** The provider's request for 9 acupuncture sessions is not medically necessary. The request exceeds the guidelines recommendation of 3-6 visits for an initial trial.

The utilization reviewer authorized 6 of the 9-requested acupuncture sessions and stated that no additional acupuncture will be recommended without documentation of functional improvement. There was no documentation of functional improvement from the authorized 6 acupuncture sessions. Therefore additional acupuncture beyond the initial 3-6 visits is not medically necessary.