

<b>Case Number:</b>	CM14-0087574		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Physical Medicine, Osteopathic and is licensed to practice in Pennsylvania, Ohio, Michigan and Texas. 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 44 year old female who sustained a November 01, 2011 occupational injury while performing routine duties as a hostess. The mechanism of injury is not listed. The neck and left knee were reported as body parts affected by the injury. The diagnosis is noted as sprain of neck (847.0) Treatment has included physical therapy and pain medication. The May 27, 2014 utilization determination found the injured worker's left knee has responded well to physical therapy but spasm persists at the cervical spine. The prior utilization review determination dated May 27, 2014 authorized an initial trial of six acupuncture sessions for the cervical spine (neck), a muscle relaxer, and a urine drug screen. The current request is additional acupuncture treatment for the cervical spine and left knee, two times a week for three weeks (6 sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment for the cervical spine and left knee, 2 times a week for 3 weeks, QTY: 6 session:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The requested additional acupuncture treatment of the cervical spine and left knee is not approved because this request fails to satisfy MTUS Acupuncture Treatment Guidelines as there is insufficient submitted clinical evidence of "Functional Improvement" as defined by the guidelines. Therefore, medical necessity has not been established.