

<b>Case Number:</b>	CM14-0088190		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 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:

This is a 57 year old female patient with pain complains of the neck. Diagnoses included cervicogenic headaches, cervicobrachial syndrome. Previous treatments included: oral medication, chiropractic-physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture was made by the PTP. The requested care was denied on 06-02-14 by the UR reviewer. The reviewer rationale was "the last examination was on 02-25-14, with no recent evaluation provided to support the recommendation for acupuncture. Furthermore, there is no indication that the patient is currently undergoing physical rehabilitation for which acupuncture may be used as an adjunct therapy, or to indicate that the patient presents intolerance to medication".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 3-6 treatments; 1-3x/week for 1-2 months Cervical Spine:** Overturned

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care

(physical therapy, oral medication, and work modifications) the acupuncture trial requested for pain management and function improvement is supported by the MTUS Guidelines. The MTUS Acupuncture Guidelines note that the amount to produce functional improvement is 3 to 6 treatments; therefore the request for 3-6 acupuncture sessions is within guidelines, appropriate, and medically necessary.