

<b>Case Number:</b>	CM14-0092972		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/26/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 Chiropractic and 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 injured worker is a 52 year old female who reported headaches and neck pain from injury sustained on 09/26/11. She was struck on the head with a pin pad that fell approximately 3-4feet. There were no diagnostic imaging reports. Patient is diagnosed with neck sprain/strain; headache and chronic pain syndrome. Patient has been treated with physical therapy, medication and acupuncture. Per medical notes dated 03/02/13, patient complains of headaches. The region of her head where she was struck is still tender. There is constant pressure-like throbbing pain. Per medical notes dated 03/24/14, patient presents with chronic pain symptoms. Per medical notes dated 05/08/14, patient complains of head and neck pain that she rated at 9/10. The patient reports numbness and burning that was constant and worsened with stress. Medication has decreased her pain and allowed increased activities of daily living and work duties. Provider is requesting acupuncture 1X6 weeks for neck pain to solidify gains and maintain function. Patient has had prior acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake which was not documented in the provided medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture one times a week for six weeks for the neck.:** Upheld

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines pageS 8-9. Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 1X6 acupuncture treatments are not medically necessary.