

<b>Case Number:</b>	CM14-0098193		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 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 39 year old female who reported face and neck pain from injury sustained on 02/26/14. She was operating a blower which was connected to an industrial compressor; she reached to grasp the blower, the metal connector struck her right upper lip. There were no diagnostic imaging reports. Patient is diagnosed with injury to face and neck; status post facial injury with laceration on right upper lip; post traumatic headaches with craniocervical headaches. Per medical notes dated 05/15/14, patient complains of right frontal region head pain which lasts from 3 minutes to 3 hours with intensity varying from 4-6/10. She also reports a bump on her right upper lip with associated stabbing pain involving the area. Per medical notes dated 08/20/14, patient continues to have persistent headaches that have been unresponsive to treatment so far. Provider is requesting initial trial of 12 acupuncture treatments which were modified to 6 by the utilization reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 12 sessions Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 4.5 Division Workers Compensation article 5.5.2 Acupuncture Medical Treatment Guidelines

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 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 not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Provider is requesting initial trial of 12 acupuncture sessions which was modified to 6 sessions by the utilization reviewer. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.