

<b>Case Number:</b>	CM14-0202840		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 52 year old female who sustained a work related injury on 8/31/2011. Per a PR-2 dated 11/11/14, the claimant complains of neck pain radiating into bilateral trapezius and down the right arm through the elbow to the hand. She rates her pain a 2-3/10 on VAS with medication, which increases to 5-8/10 on VAS without medication. Prior treatment includes physical therapy, cortisone injections, acupuncture and medications. She had acupuncture but this failed to improve his symptoms. His diagnoses are right cervical radiculopathy, C5-6 disc degeneration with moderately severe foraminal stenosis, and right cubital tunnel syndrome. Examination finds decreased range of motion in the cervical spine, positive Spurling, decreased wrist extension, decreased reflexes, decreased grip strength on right, and positive Tinel on right cubital tunnel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture twice a week for three weeks:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration with no benefit. Since there is no benefit, further acupuncture is not medically necessary.