

<b>Case Number:</b>	CM14-0048413		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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:

The injured worker is a 37 year old, male patient, who sustained an industrial injury on 01/14/2013. A primary treating office visit dated 04/01/2014 reported subjective complaint of stabbing pain in his neck and head. He feels a throbbing sensation at the back of his head. He continues to have bilateral tinnitus. The patient is prescribed the following medications; Mirtazapine, Hydrocodone 5/325 and Prozac. He is diagnosed with post concussive syndrome; neck pain; cervicocranial syndrome; cervical strain; suspected cervical spondylosis; cervicogenic headaches; reactive depression; pain related insomnia; closed head injury with loss of consciousness; cognitive disorder secondary to a traumatic brain injury; brain injury; mood disorder; occupational problem and sleep disorder. He is to remain temporarily total disabled. A request was made for 12 sessions of acupuncture. On 04/10/2014, Utilization Review, non-certified the request, noting the CA MTUS, Acupuncture guidelines was cited. The injured worker submitted an application for independent medical review of requested services. The claimant has had prior acupuncture in 2013. Per a PR-2 dated 2/18/2014, the claimant has undergone acupuncture treatment with minimal long term benefits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 and had minimal long term benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.