

<b>Case Number:</b>	CM15-0130464		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	12/22/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 43 year old male, who sustained an industrial injury on 12/22/14. Initial complaints were of cumulative trauma. The injured worker was diagnosed as having cervical disc protrusion C6-C7. Treatment to date has included physical therapy; acupuncture; medications. Diagnostics studies included EMG/NCV study upper extremities (2/16/15); MRI cervical spine (3/18/15); MRI right wrist (2/19/15). Currently, the PR-2 notes dated 4/21/15 indicated the injured worker complains of constant pain in his shoulders which he describes as sharp pain. He rates the pain as 5-6/10 and is worsening and travels into the arms. He complains of constant pain in his wrists which he describes as sharp numbing pain and rates this pain 7/10 and notes the pain is worsening with popping and locking of the wrists. He has constant neck pain described as sharp and rated at 5-6/10 and worsening. He states he did not take his pain medications on this day. He has difficulty falling asleep and he wakes up in the night due to pain. He recalls the pain is reduced with rest, activity modification and heat and cannot recall his medications. MRI findings are positive for multilevel disc protrusions and nerve impingement. He has prescribed physical therapy and acupuncture along with a neurosurgical consultation. The provider is requesting authorization of acupuncture one weekly for four weeks for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture once weekly for four weeks for the cervical spine:** 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 mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.