

<b>Case Number:</b>	CM15-0136177		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	09/27/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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:

This 61 year old male sustained an industrial injury on 9/27/13. He subsequently reported neck and back pain. Diagnoses include cervical musculoligamentous sprain and strain, lumbago, cervical spine myospasm and lumbar spine compression fracture. Treatments to date include MRI testing, care prescription pain medications, acupuncture and physical therapy. The injured worker continues to experience neck and back pain with numbness and tingling in hands and bilateral lower extremities. Upon examination, hypolordosis was noted in the cervical and lumbar spine. Reflexes C5 through C7 are blunted bilaterally. A request for 6 Acupuncture Therapy for the Cervical Spine, 1 time per week for 6 weeks was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Acupuncture Therapy for the Cervical Spine, 1 time per week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 13.

**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. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.