

<b>Case Number:</b>	CM15-0139137		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	06/21/2010
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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 51 year old male, who sustained an industrial injury on 6/21/10. The injured worker has complaints of neck pain and left wrist/hand pain. The documentation noted that there was tenderness noted over the posterior cervical paraspinal and upper trapezius musculature, where muscle spasms and myofascial trigger points were noted. The diagnoses have included status post anterior cervical spine surgery C5-C6 total disc arthroplasty and C6-C7 anterior cervical discectomy and fusion and strain and sprain of the cervical spine with stenosis and degenerative disc disease. Treatment to date has included tramadol for pain; baclofen for muscle stiffness and spasms; temazepam; motrin and home exercise program. The request was for 8 sessions of acupuncture treatment to neck & left hand. Per a Pr-2 dated 6/11/15, the claimant had sustained significant pain relief from prior acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of Acupuncture treatment to neck & left hand:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Postsurgical 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 extensive acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.