

<b>Case Number:</b>	CM15-0140593		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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 53 year old female, who sustained an industrial injury on 2-14-2011. Diagnoses include cervical discogenic pain syndrome, pain in joint shoulder, displaced cervical intervertebral disc, carpal tunnel syndrome and cervicalgia. Treatment to date has included oral and topical medications, injections, heat application, acupuncture, H-wave therapy and home exercise. Per the Primary Treating Physician's Progress Report dated 7-06-2015, the injured worker presented for follow-up of cervical spine and shoulder pain. Acupuncture is providing temporal relief. Physical examination revealed limited range of motion. Right upper extremity radiation is still present. The plan of care included additional acupuncture and authorization was requested for 6 additional sessions of acupuncture for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture 2 times 3 cervical:** 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 and had temporary subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.