

<b>Case Number:</b>	CM15-0143786		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	01/25/2006
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 59 year old female, who sustained an industrial injury on January 25, 2006. Treatment to date was not detailed in the documentation submitted for review. A physician's evaluation on June 15, 2015 revealed the injured worker complained of continued discomfort and tightness in the neck. She reported worsening right knee pain and her physical examination was unchanged from her previous evaluation on February 16, 2015. The physical evaluation on February 16, 2015 revealed the injured worker had tenderness and tightness of the neck with guarded range of motion. The diagnoses associated with the request include right hand trigger fingers, right carpal tunnel syndrome and cervical spine strain. The treatment plan includes acupuncture therapy for the neck and follow-up evaluation. Per a prior review dated 7/13/15, the claimant had eight sessions of acupuncture with modest improvement of neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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