

<b>Case Number:</b>	CM15-0148499		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 a work related injury February 1, 2013. Another teacher who grabbed her in the collar and slammed her back against a door assaulted her. She managed to push the teacher back with her left hand, and ran out of the office. According to a primary treating physician's progress report, dated June 23, 2015, the injured worker presented for a follow-up evaluation with complaints of continued pain in her bilateral hand and wrists. Her neck and lower back pain persists. She has completed 3 sessions of authorized physical therapy with some improvement. The physician ordered additional physical therapy for instruction of at home exercises. Physical examination revealed spasm in the cervical spine paraspinal muscles with tenderness to palpation and restricted range of motion. Spurling's and cervical compression tests are negative, left and right. There is tenderness to pressure over the bilateral anterior shoulders with restricted range of motion and positive impingement signs left and right. There is spasm and tenderness of the paraspinal muscles of the lumbar spine. Right and left straight leg raise seated, are positive. Diagnoses are cervical sprain; derangement of joint not otherwise specified; lumbar sprain, strain. At issue, is the request for authorization for acupuncture for the neck and back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x6 for Neck, Back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Provider requested initial trial of 2X6 acupuncture sessions for neck and back, which were modified to 6 by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.