

<b>Case Number:</b>	CM15-0165328		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	03/06/2015
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 32-year-old female who sustained an industrial injury on 03-06-2015. Mechanism of injury was an assault by a disabled student. Diagnoses include concussion with no loss of consciousness, sprain and strain of the neck, and sprains and strain of the neck. Treatment to date has included diagnostic studies, medications, physical therapy, home exercises, chiropractic sessions and acupuncture. Her medications include Advil and Norco. She is not working. Report of an unofficial Magnetic Resonance Imaging done on 05-07-2015 of the cervical spine shows a couple of desiccated discs, and small posterior disc bulges without cervical canal or neural impingement. An Electromyography and Nerve Conduction Velocity done on 06-19-2015 was normal. A physician progress note dated 07-22-2015 documents the injured worker reports continued but slow improvement. She has minimal bilateral lower paracervical tenderness to palpation, greater on the right with muscle spasm without guarding. She has full range of motion, with end range pain on left lateral bending. She is less tender to the axial thoracic pain and right mid dorsal musculature with muscle spasm and guarding. She has full range of motion with end range pain on extension. Treatment requested is for Acupuncture (x8).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture (x8): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. It was reported that the patient received physical therapy and acupuncture for her complaints. The patient received at least 22 acupuncture treatments as of 3/06/2015. There was no documentation of functional improvement from prior acupuncture treatments to warrant additional acupuncture sessions. Therefore, the provider's request for 8 additional acupuncture sessions is not medically necessary at this time.