

<b>Case Number:</b>	CM15-0166774		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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:

This is a 47 year old female with a March 21, 2013 date of injury. A progress note dated June 16, 2015 documents subjective complaints (increasing pain in the cervical spine, bilateral shoulders and upper back; increasing headaches, forgetfulness, and symptoms of anxiety and depression), objective findings (decreased range of motion of the cervical spine; tenderness to palpation along the cervical paraspinal musculature with spasms and tightness; positive Spurling's test; positive foramina compression test), and current diagnoses (cephalgia; cervical spine sprain and strain; herniated cervical disc at C6-7 and C7-T1 with radiculopathy; anxiety and depression). She continues to rely on rest, application of hot and cold, physical therapy, acupuncture, and medications for pain and symptomatic relief. Treatments to date have included medications, imaging studies, physical therapy, and acupuncture. Per a Pr-2 dated 8/11/15, the acupuncture has been helpful in decreasing pain. Per a PR-2 dated 7/15/15, she has had improvement with acupuncture. The treating physician documented a plan of care that included twelve sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Acupuncture Treatment 2007.

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

**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.