

<b>Case Number:</b>	CM15-0169335		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	07/08/2011
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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, Montana  
 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 56 year old female, who sustained an industrial injury on 7-8-2011. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include cervical disc degenerative disease with chronic neck pain, muscle tension headaches, status post right shoulder surgery and left shoulder tendinitis. Treatments to date include activity modification, medication therapy, acupuncture treatment sessions, and therapeutic injections. Currently, she a cortisone injection administered to the left shoulder on 6-17-15, improved pain in the neck and left shoulder. The records indicated Norco was completely weaned and no medications were currently being used. There was pain relief noted with previous acupuncture and massage. On 7-22-15, the physical examination documented tenderness in bilateral occipital nuchal lines, right greater than left. The Spurling's maneuver was positive. Trigger point injections were administered on this date. The appeal requested authorization of six additional acupuncture treatments sessions. The Utilization Review dated 7-29-15, denied the request stating the documentation did not support medical necessity per the California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 6 Additional Sessions:** Upheld

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

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

**Decision rationale:** Patient has had extensive acupuncture treatment. Provider requested additional 6 acupuncture sessions for flare-up which were non-certified by the utilization review. There is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. Patient reports improvement with acupuncture in the past; however, the documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. No additional acupuncture care exceeding the guidelines is supported for medical necessity due to lack of extraordinary circumstances documented. Per review of evidence and guidelines, additional 6 acupuncture treatments are not medically necessary.