

<b>Case Number:</b>	CM15-0189079		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/15/2015
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: 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 43 year old male, who sustained an industrial injury on January 15, 2015. He reported left thumb soreness and pain along with neck pain. The injured worker was diagnosed as having thumb sprain. Treatment to date has included brace, thumb support, acupuncture and chiropractic treatment. Notes stated that the injured worker had failed to respond to his chiropractic treatment. On August 20, 2015, the injured worker complained of neck pain with spasm that went down to the trapezius muscle. He had completed six acupuncture treatments that "really helped." Physical examination revealed tenderness to palpation along the right base of the neck into the trapezius. There was limitation of rotation to the right and limitation of motion in full extension. Notes stated that he was not a good candidate for epidural injection or surgery. The treatment plan included additional acupuncture treatment two times a week for four weeks. Notes stated that this was a much simpler way to help him, since most of his complaints were myofascial pain. On September 2, 2015, utilization review denied a request for additional acupuncture treatments for the neck quantity of eight.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture treatments for the neck Qty: 8: Upheld**

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

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Prior acupuncture sessions were reported as beneficial by the provider in his report dated 08-02-15: "six acupuncture sessions were really helpful, but transient in nature". The patient continues symptomatic, with no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 8, number that exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.