

<b>Case Number:</b>	CM15-0193235		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	03/26/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 was diagnosed as having sprain-strains of neck. On medical records dated 09-10-2015, the subjective complaints were noted as having improvement in cervical range of motion, decreased in headaches and were note as improved. Objective findings were noted as tenderness in the paraspinal cervical musculature or near full range of cervical motion. Pupils react to light; no obvious neurologic deficit was noted. No motor or sensory deficit in the upper extremities was noted as well. Treatments to date included acupuncture. The injured worker was noted to be continued to perform modified work duties. Current medications were not listed as 09-10-2015. There was noted measurable evidence of functional improvement noted. The injured worker was noted to have completed at least 21 session of acupuncture s of 09-11-2015. The Utilization Review (UR) was dated 09-17-2015. A Request for Authorization was dated 09-10-2015. The UR submitted for this medical review indicated that the request for Acupuncture 2 times a week for 4 weeks, cervical spine 8 visits was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 weeks, cervical spine 8 visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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." This patient already underwent twenty-two prior acupuncture sessions with unreported objective functional improvement (quantifiable response to treatment) 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 any extraordinary circumstances documented to override the guidelines recommendations. Therefore, the additional acupuncture is not supported for medical necessity.