

<b>Case Number:</b>	CM15-0194030		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	03/26/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 37-year-old female, who sustained an industrial injury on 3-26-14. The injured worker has complaints of neck and mid back pain. The documentation on 8-12-15 noted that the injured workers average pain level in the neck is 6 out of 10, rhomboids 5 out of 10 and right low lumbar 6 out of 10 on average lasting 2 days. Cervical spine decreased flexion and extension, reduces range of motion and no spasms. Lumbar and lumbosacral spine has tenderness o palpation (right S1 (sacroiliac) region) and pain elicited by motion, flexion and normal lordosis, range of motion consistent with age and no spasms. The diagnoses have included sprain of neck; low back strain and strain of thoracic region. Treatment to date has included nabumetone; flector patches; carisoprodol; cymbalta; gabapentin; norco; ibuprofen, acupuncture and therapy. The documentation on 8-12-15 noted that the injured worker had a total of 2 occupational therapy sessions and 2 acupuncture visits with some improvement. Per an acupuncture note dated 8/6/15, the claimant has had 4/6 sessions of acupuncture and has improved 15%. The pain is down slightly and has been able to be more active. The documentation noted that the injured worker has been recommended modified duty beginning 8-12-15 and in place through to their follow up appointment with work restrictions of no lifting over 15 pounds, change position often and nor forceful pushing or pulling. The original utilization review (9-3-15) non-certified the request for acupuncture times 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x6 sessions:** Upheld

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

**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 trial with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.