

<b>Case Number:</b>	CM15-0199374		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	11/08/2007
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2015

### 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:

This 53 year old woman sustained an industrial injury on 11-8-2007. Diagnoses include fibromyositis, displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, and cervical spondylosis without myelopathy. Treatment has included oral and topical medications, yoga, and 3 sessions of acupuncture with 70-80% improvement. Physician notes dated 9-1-2015 show complaints of neck pain, shoulder pain, and back pain. The physical examination shows tenderness noted to the supraclavicular region of the cervical spine and internal rotation of the bilateral shoulders is limited to 15 degrees. Recommendations include Thermancare bandage, continue home exercise program, Voltaren gel, Lidoderm patches, continue acupuncture, and follow up in three to four months. Utilization Review modified a request for 8 acupuncture to 6 sessions of Acupuncture on 9-15-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1x per week for 8 weeks for the neck:** 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 prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were modified to 6 by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Additional visits may be certified 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. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.