

<b>Case Number:</b>	CM15-0199616		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	05/15/2001
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 47 year old female, who sustained an industrial injury on 5-15-2001. The medical records indicate that the injured worker is undergoing treatment for neck sprain, myofascial pain syndrome, rule out progressive spinal stenosis, cervical spondylosis-spinal stenosis with C3-4 disc protrusion and spinal cord compression, and C3-4 and C5-6 spinal stenosis. According to the progress report dated 8-19-2015, the injured worker presented with complaints of increased neck pain with radiation into both arms, associated with weakness in her hands. The level of pain is not rated. The physical examination did not reveal any significant findings. Previous diagnostic studies include MRI of the cervical spine. Treatments to date include medication management, cervical pillow, and self-procured acupressure (partial relief). Work status is not indicated. The original utilization review (9-16-2015) had non-certified a request for 6 acupuncture sessions to the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for neck Qty: 6:** Upheld

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

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

**Decision rationale:** On the report dated 12-12-14 the provider made a request for additional acupuncture. 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. After an unknown number of prior acupuncture sessions, no evidence of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity.