

<b>Case Number:</b>	CM15-0202233		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/28/2000
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 47 year old female, who sustained an industrial injury on 11-28-2000. A review of the medical records indicates that the worker is undergoing treatment for degenerative disc disease of the cervical spine, neck and low back pain. X-rays of the cervical spine the year prior were noted to show significant degenerative disc changes at C5-C6 and C6-C7 and x-rays of the lumbar spine several years ago were noted to have appeared normal. The only medical documentation submitted prior to the utilization review is a progress note dated 08-20-2015. Subjective complaints (08-20-2015) included a flare-up of neck and low back pain with some discomfort in the right buttock and radiation into the right leg and arm. Objective findings (08-20-2015) included tenderness to palpation over the base of the neck extending along the medial border of the scapula on the right, some tenderness through her low back and into her right buttock and some pain in the buttock with straight leg raise on the right. Treatment has included medication, acupuncture and deep tissue massage. The physician noted that the worker had some benefit with previous acupuncture and noted that 6 visits of acupuncture were being requested. The number of prior acupuncture visits received was not documented and there was no documentation of objective functional improvement with therapy. A utilization review dated 10-02-2015 non-certified a request for acupuncture with e-stim x 6 for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture with E Stim x6 for the cervical spine:** Upheld

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

**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 of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.