

<b>Case Number:</b>	CM15-0202585		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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:

The injured worker is a 41 year old male, who sustained an industrial injury on 8-28-09. The injured worker was diagnosed as having displaced cervical intervertebral disc and brachial neuritis-radiculitis. Subjective findings (6-3-15, 8-5-15) indicated significant relief from the acupuncture treatments. The injured worker reported increased mobility of the neck, chronic headaches resolved and decreased pain in the left scapular area. The relief would last for 2-4 days. He rates his pain 5 out of 10. Objective findings (6-3-15, 8-5-15) revealed restricted cervical range of motion and tenderness in the left paracervical and parascapular areas. As of the PR2 dated 10-7-15, the injured worker reports pain in the neck. He rates his pain 7 out of 10 without medications and 3 out of 10 with medications. Objective findings include restricted cervical range of motion and decreased sensation along the medial aspect of the left scapula. The treating physician noted that medications have been tapered down from much higher doses of medications. Treatment to date has included physical therapy, acupuncture x 6 sessions, Butrans patch, Cymbalta and Percocet. The Utilization Review dated 10-8-15, modified the request for continued acupuncture sessions 1 x 6 (cervical) to acupuncture sessions 1 x 4 (cervical).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued acupuncture sessions 1 x 6 (cervical):** Overturned

**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 6 acupuncture sessions which were modified to 4 by the utilization review, Per Medical notes (6-3-15, 8-5-15) patient reported significant relief from the acupuncture treatments. The injured worker reported increased mobility of the neck, chronic headaches resolved and decreased pain in the left scapular area. The relief would last for 2-4 days. He rates his pain 5 out of 10. Objective findings (6-3-15, 8-5-15) revealed restricted cervical range of motion and tenderness in the left paracervical and parascapular areas. Medical reports reveal evidence of significant changes and improvement in findings, revealing a patient who has achieved significant objective functional improvement to warrant additional treatment. 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, 6 acupuncture treatments are medically necessary.