

<b>Case Number:</b>	CM15-0203140		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	02/04/1993
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/01/2015
<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

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 60 year old female, who sustained an industrial injury on 2-4-1993. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include bilateral rotator cuff sprain and bilateral carpal tunnel syndrome. On 9-24-15, she complained of ongoing pain "from the hairline down." She reported pain and numbness from the right arm to the fingers. The physical examination documented tenderness at the base of the right ear and with range of motion of the neck. There was a positive Spurling's test. X-ray of the cervical spine dated 9-18-15, revealed multilevel degenerative joint disease. The plan of care included additional acupuncture treatments. The appeal requested authorization for twelve (12) acupuncture treatment sessions. The Utilization Review dated 10-1-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture times 12, neck:** Upheld

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

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

**Decision rationale:** The Acupuncture Treatment Guidelines states that acupuncture may be extended with documentation of functional improvement. The patient complained of pain and numbness down the right arm to all the finger. The provider reported is requesting additional acupuncture. However, there was no documentation of functional improvement from prior session. Therefore, the provider's request for 12 additional acupuncture sessions for the neck is not medically necessary at this time.