

<b>Case Number:</b>	CM15-0204400		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 34 year old female, who sustained an industrial injury on 6-21-12. The injured worker is diagnosed with cervical and lumbar facet disease. Her work status is full duty without restrictions. A note dated 8-7-15 and 9-4-15 reveals the injured worker presented with complaints of neck and back pain worsened with sitting and without treatment. Physical examinations dated 8-7-15 and 9-4-15 revealed the cervical and lumbar spine is tender to palpation. Straight leg raise is negative. The progress notes dated 8-7-15 and 9-4-15 are difficult to decipher. Treatment to date has included chiropractic care, which increased her neck pain per note dated 5-1-15 and acupuncture improved her level of pain per note dated 3-20-15. A request for authorization dated 9-17-15 for acupuncture 6 sessions to the cervical and lumbar spine 1x6 is non-certified, per Utilization Review letter dated 9-28-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 6 sessions to the cervical and lumbar spine, 1x6:** 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 6 acupuncture sessions which were non-certified by the utilization review. Medical records discuss improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Additional visits may be rendered 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 not medically necessary.