

<b>Case Number:</b>	CM15-0209703		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	04/17/2008
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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:

This is a 35 year old female with a date of injury of April 17, 2008. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spondylosis, cervicgia, and subscapular pain. Medical records dated August 31, 2015 indicate that the injured worker complained of lateral posterior neck pain with radiation to the left shoulder rated at a level of 5 out of 10. A progress note dated September 30, 2015 documented complaints of increased neck and subscapular pain. Per the treating physician (September 30, 2015), the employee had returned to work. The physical exam dated August 31, 2015 reveals moderate pain with motion of the cervical spine. The progress note dated September 30, 2015 documented a physical examination that showed spasm of the bilateral trapezius muscles. Treatment has included medications (Norco, Lyrica, Lidoderm patches, and Cymbalta), transcutaneous electrical nerve stimulator unit, and greater occipital nerve blocks with no benefit. The utilization review (October 19, 2015) partially certified a request for six sessions of acupuncture for the cervical spine (original request for twelve sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions 1x12, cervical:** 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 visits with improvement. Six further visits were approved on 10/19/2015. However, the provider fails to document objective functional improvement associated with the completion of the six additional certified acupuncture visits. If the visits were never completed, the provider must document that the claimant did not have further visits. Therefore further acupuncture is not medically necessary as requested at this time.