

<b>Case Number:</b>	CM15-0027062		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	12/08/2008
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 72 year old male who sustained a work related injury on December 8, 2008, where he incurred neck and low back injuries. Treatment included physical therapy, acupuncture, analgesic pain gels and medications. He was diagnosed with displacement of cervical intervertebral disc without myelopathy, disorders of bursae and tendons in the shoulder region and carpal tunnel. Currently in January 2015, the injured worker complained of persistent cervical spine pain with radiation of the pain into his shoulders. Physical examination noted loss of range of motion and functional deficits. He notes that prior acupuncture provided significant relief. A prior UR review states the claimant has had at least 11 acupuncture sessions. Per a PR-2 dated 12/2/14, the claimant has pain in his neck, low back, and bilateral wrists and hands. He states that he has improved with acupuncture 50% -60%. He has done 4/12 acupuncture sessions. Per a PR-2 dated 10/3/2014, the claimant has persistent pain in the neck nad back that are improving with acupuncture. He has done 8/8 sessions with better range of motion and decreased pain. He is doing more activities around the house for 1 hour as opposed to 30 minutes prior to acupuncture. He is not working, because he is retired.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture; twelve (12) visits (2x6), for the cervical spine: Upheld**

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

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

**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 at least 20 authorized sessions. He did have initial improvement from acupuncture. However, there is no objective functional improvement associated with his recently authorized acupuncture treatment. Therefore further acupuncture is not medically necessary.