

<b>Case Number:</b>	CM15-0219663		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	07/13/2015
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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 54 year old female who sustained an industrial injury on 07-13-2015. According to a Doctor's First Report of Occupational Injury dated 09-01-2015, subjective complaints included neck pain radiating to the right upper extremity, upper back pain, right shoulder pain, low back pain and headaches. Diagnoses included cervical spine musculoligamentous sprain strain with multilevel disc protrusions, stenosis and moderate degenerative disc disease with right upper extremity radiculitis, right shoulder periscapular strain, thoracic spine musculoligamentous sprain strain and lumbar spine musculoligamentous sprain strain with bilateral sacroiliac joint sprain. The treatment plan included Neurontin, Fexmid, and acupuncture two times per week for three weeks to treat the neck, mid back, low back and right upper extremity and request for home interferential unit, Vista cervical collar, Thermophore heating pad, pain management consultation and electrodiagnostic studies of the right upper extremity. Documentation submitted for review included a handwritten acupuncture report that included visit dates of 09-28-2015, 10-06-2015 and 10-09-2015. On 10-27-2015, Utilization Review non-certified the request for acupuncture 2 times a week x 3 weeks for the cervical and thoracic spine and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2xWk x 3Wks for the Cervical/Thoracic Spine/ Right Shoulder:** Overturned

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

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

**Decision rationale:** It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain. 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. Since there is no documentation the claimant had prior acupuncture, 6 visits of acupuncture are medically necessary.