

<b>Case Number:</b>	CM15-0033029		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 progress report dated 01/09/2015 was handwritten and indicated that the injured worker was improving with acupuncture and chiropractic treatment. He had continued cervical and lumbar spine pain, mostly in the coccyx. The objective findings included tenderness to palpation of the cervical spine and coccyx. The treating physician requested six acupuncture sessions for the cervical and lumbar spine. The rationale for the request was not indicated. The acupuncture progress note dated 01/16/2015 indicated that the injured worker continued to complain of neck pain with radiation to the bilateral shoulders. The range of motion had improved since the last treatment. The injured worker also continued to complain of pain in the sacrum/coccyx region, and rated the pain 3 out of 10. On 01/23/2015, Utilization Review (UR) denied the request for six acupuncture sessions for the cervical and lumbar spine, noting that the injured worker no longer needed additional acupuncture based on the UR physician's discussion with the requesting physician. The MTUS Acupuncture Medical Treatment Guidelines were cited.

### 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:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. Medical records indicate subjective improvement with acupuncture; however, there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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, additional 6 acupuncture treatments are not medically necessary.