

<b>Case Number:</b>	CM15-0045306		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 49 year old male who sustained a work related injury on June 5, 2013, after a motor vehicle accident and incurring neck injuries. He was diagnosed with cervical disc protrusion, degenerative disc disease, and a cervical myospasm. A cervical Magnetic Resonance Imaging (MRI) revealed multilevel loss of disc space and a cervical disc bulge. Treatment included physical therapy, chiropractic manipulation, home exercise program, medications and ortho nestic gel. Currently, the injured worker complained neck pain, stiffness, upper back pain and headaches. Authorization was requested for acupuncture therapy two times weekly for three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Therapy, 2 times weekly for 3 weeks:** Upheld

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

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

**Decision rationale:** The patient has chronic neck pain. There was evidence of prior acupuncture care. However, there was no documentation of functional improvement from prior acupuncture session. The guideline states acupuncture may be extended with documentation of functional improvement. Based on the lack of documentation of functional improvement, the provider's request for acupuncture 2 times a week for 3 weeks is not medically necessary at this time.