

<b>Case Number:</b>	CM15-0048071		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 63-year-old male who sustained an industrial injury on 2/1/2013 resulting in neck pain and decreased range of motion. The injured worker was diagnosed with neck sprain and strain, and subsequently, cervical disc degeneration. Treatment has included oral anti-inflammatories, physical therapy, chiropractic therapy, and acupuncture, all of which he reported as providing temporary relief of symptoms. The injured worker continues to report cervical pain. Treating physician's plan of care includes 6 acupuncture sessions. He is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 acupuncture evaluate and treatment for cervical spine, 2 times a week for 3 weeks, as an outpatient:** 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 had acupuncture in the past. The patient completed the sixth acupuncture session on 7/1/2013. There was no documentation of functional improvement from prior acupuncture session. The guideline states that acupuncture may be extended with documentation of functional improvement. Based on the lack of functional improvement from past acupuncture session, additional acupuncture sessions are not warranted at this time. Therefore, the provider's request for 6 acupuncture session for the cervical spine is not medically necessary or appropriate at this time.