

<b>Case Number:</b>	CM15-0049709		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 6/5/13. The diagnoses have included cervical spine disc protrusion and degenerative disc disease. Treatments have included chiropractor treatments, physical therapy and medications. In the PR-2 dated 11/25/14, the injured worker complains of neck pain in right side. He complains of neck stiffness. He states neck feels swollen. He has limited range of motion of head/neck. He has tenderness to palpation of neck. The treatment plan is to request acupuncture treatments. The claimant has had at least 6 sessions of acupuncture between 12/14 to 2/15. Per a acupuncture note dated 1/19/15, the claimant is making progress. The rest of the note is illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 acupuncture sessions 3 times a week for 4 weeks to the cervical: 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 a prior acupuncture trial with mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.