

<b>Case Number:</b>	CM15-0050031		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	11/13/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 64 year old female injured worker suffered an industrial injury on 11/13/2008. The diagnoses were cervicothoracic disorder and osteoarthritis. The injured worker had been treated with acupuncture and medications. On 3/2/2015 the treating provider reported neck pain with reduced range of motion and tenderness. The treatment plan included Acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture twice (2) per week for three (3) weeks for the Cervical Spine:** Overturned

**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. According to the records, the patient completed 18 acupuncture sessions. The provider noted that the patient has reduced pain, improve range of motion, and reduce Norco usage from acupuncture. Norco was reduced from 1.5 tablets twice a day to once daily. The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. Based on the

previous discussion, the patient has demonstrated functional improvement and therefore additional acupuncture is warranted at this time. The provider's request for 6 acupuncture session for the cervical spine is medically necessary at this time.