

<b>Case Number:</b>	CM15-0055148		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	08/13/2006
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 injured worker is a 66-year-old male, who sustained an industrial injury on August 13, 2006. The injured worker was diagnosed as having cervical degenerative disc disease, cervical myofascial pain, and cervical radiculopathy. Treatment to date has included physical therapy, acupuncture, home exercise program, a heating pad, a transcutaneous electrical nerve stimulation (TENS) unit as needed and oral pain, topical pain, muscle relaxant, and anticonvulsant medications. On March 18, 2015, the injured worker complains of increased left trapezius pain since the prior day. His neck and right upper extremity pain is decreased. Physical therapy and acupuncture decreased his pain by 50% and increased his functionality. His medications help the pain. The physical exam revealed tenderness to palpation of the left trapezius muscle with spasm. Per a pr-2 dated 2/23/2015, the claimant has completed extra acupuncture sessions with significant relief of pain (50%), improved sleep, and improved functionality (ADLs and work). He is working 40 hours a week. Per a Pr-2 dated 12/3/14, the claimant has a 50% reduction in pain with acupuncture, sleep, and function (ADLs and work are improved with acupuncture. He is working 32-36 hours a week. Per PR-2 dated 10/1/2014, the claimant has completed 18 sessions of acupuncture with wonderful relief of pain. Her pain was reduced at least 50% and increase of functionality. She is working 32-36 hours a week. Acupuncture notes indicate that the claimant has had acupuncture treatments starting in December of 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Acupuncture.

**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 extensive prior acupuncture of total unknown quantity and duration since 2013. He has had improvement from acupuncture. However, the last few progress reports have identical reports of improvement. It appears that the claimant is making no further improvement from acupuncture. Since, the provider fails to document objective functional improvement associated with recent acupuncture treatment; further acupuncture is not medically necessary.