

<b>Case Number:</b>	CM15-0085233		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 34 year old female, who sustained an industrial injury on August 15, 2013. Treatment to date has included chiropractic therapy and massage therapy. An evaluation on February 3, 2015 reveals the injured worker is having continued pain in her neck with radiation of pain to the shoulder and shoulder blade area. She rated her pain a 7-9 on a 10-point scale. Her pain was aggravated with extension and with turning to the right. The documentation reveals that the injured worker had twelve sessions of acupuncture authorized and twelve sessions of chiropractic therapy authorized for treatment. The diagnoses associated with the request include spinal stenosis, retrolisthesis and radiculopathy. The treatment plan includes twelve sessions of acupuncture therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 12:** Upheld

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

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

**Decision rationale:** The provider's request for 12 acupuncture session is not medically necessary and appropriate at this time. The guideline states that acupuncture may be extended with documentation of functional improvement. According to the progress report dated 2/3/2015, the patient was authorized 12 acupuncture sessions. The outcome of the authorized acupuncture sessions was not reported. Additional acupuncture beyond the 6 initial sessions is recommended with documentation of functional improvement.