

<b>Case Number:</b>	CM15-0231277		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	06/24/2015
<b>Decision Date:</b>	01/11/2016	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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 55 year old female, who sustained an industrial injury on 6-24-2015. Medical records indicate the worker is undergoing treatment for headaches and neck muscle strain. A recent progress report dated 10-14-2015, reported the injured worker complained of visual problems related to headaches. Physical examination revealed cervical paraspinal spasm and tenderness and restricted range of motion. Treatment to date has included acupuncture (unsure what body part and the length-duration), chiropractic care and medication management. On 10-14-2015, the Request for Authorization requested 12 visits of acupuncture for headaches. On 10-26-2015, the Utilization Review modified the request for 12 visits of acupuncture for headaches to 4 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3x4 for headaches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The utilization review document of 10/26/2015 denied the treatment request for acupuncture, three times per week for four weeks in the management of headaches citing CA MTUS Acupuncture Treatment Guidelines. The reviewed medical records reported the patient with chronic headaches from 6/24/15 with no reported objective deficits on spinal evaluation or evidence on neurological/orthopedic testing of recent trauma or suspected pathology resulting in the reported headaches. His past medical history of treatment includes medical evaluation, imaging, hydration, medications, eardrops, work restrictions, laboratory work and overnight observation/admission. The medical necessity for acupuncture management, 12 sessions was denied per CA MTUS Acupuncture Treatment Guidelines leaving a recommendation for modification of treatment, 4 sessions to manage headaches. The medical necessity for the requested 12 sessions was not supported by the reviewed medical records or consistent with CA MTUS Acupuncture Treatment Guidelines. Therefore, the request is not medically necessary.