

<b>Case Number:</b>	CM14-0117766		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/27/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is licensed Chiropractic and Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 64 year old female who sustained a work related injury on 9/27/2010. Prior treatment includes occipital nerve block, cervical facet injection, acupuncture, oral medication, physical therapy, psychological treatment, right shoulder surgery, Per a PR-2 dated 4/14/2014, the claimant has neck and low back pain radiating to her right arm and right shoulder. The claimant has low back pain that also radiates down to her left leg and calf. She has been swimming as home exercise and going to acupuncture once a week which helps control her symptoms. The acupuncture provides her significant relief and she is able to avoid a significant amount of pain medication usage. She has been diagnosed with lupus. Her diagnoses are chronic intractable neck pain, bilateral upper extremity numbness, cervical stenosis, and status post right shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, eight sessions to the C spine:** 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 visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means a clinically significant improvement in activities of daily living or a reduction in work restrictions, medication, or dependency on continued medical treatment. The claimant has had an unknown number of acupuncture visits with reported benefit. However the provider failed to document any objective functional improvement associated with the completion of her acupuncture visits. Therefore further acupuncture is not medically necessary.