

<b>Case Number:</b>	CM14-0122380		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Board Certified in Chiropractics 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 54 year old female who sustained a work related injury on 8/8/13. Per a PR-2 dated 8/4/2014, the claimant has neck and upper back pain with radiation to the left upper extremity and occasional headaches to the back of the head. She also has left shoulder pain and left hand pain. Prior treatment has included chiropractic, trigger point injections, TENS, oral medication, topical medication, and physical therapy. She is currently unemployed. Her diagnoses are cervical sprain/strain, left shoulder strain, and myofascial pain. Prior acupuncture was beneficial in decreasing pain, increasing range of motion, and relaxing muscles. Per an acupuncture report dated 4/14/14, the claimant has had improvement with acupuncture. She feels more relaxed and motivated and some reduction of pain medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture Sessions to neck Quantity 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acupuncture.

**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 prior acupuncture of at least eight sessions with reported subjective improvement. There is mention of functional improvement and of reduced medication. 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.