

<b>Case Number:</b>	CM14-0149660		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	05/26/2008
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Chiropractic, has a subspecialty in 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:

The injured worker is a 58-year-old female with a date of injury of 05/26/2008. According to the report dated 5/09/2014, the injured worker reported 50% improvement from the trigger point injection. The injured worker is doing home exercise program and will be starting physical therapy as soon as possible. The injured worker stated that she had prior "acupuncture treatments in 2009 and with 50% improvement." Significant objective findings include tenderness to palpation of the trapezius and rhomboid muscles on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Acupuncture (2 Times per Week for 6 Weeks) for the Lumbar and/or Sacral Vertebrae (Vertebra NOC Trunk), Multiple Neck Injury, Upper Back Area: Upheld**

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

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

**Decision rationale:** The acupuncture medical treatment guideline states that acupuncture may be "extended if there is documentation of functional improvement." The provider noted that the injured worker had acupuncture in the past with 50% improvement. However, there was no documentation of functional improvement from the prior acupuncture sessions. Therefore, the

provider's request for 12 Acupuncture (2 Times per Week for 6 Weeks) for the Lumbar and/or Sacral Vertebrae is not medically necessary.