

<b>Case Number:</b>	CM14-0168523		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 in Chiropractic & 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 57 year old female who sustained a work related injury on 2/20/2013. Prior treatments include acupuncture, transcutaneous electrical nerve stimulation (TENS), physical therapy, and medications. Per a PR-2 dated 9/15/2014, the claimant states that her symptoms are relatively unchanged with the exception of acupuncture, which helps with some of the pain and vertigo. Her diagnoses are spinal stenosis of cervical spine and paresthesia. She is working with modifications. Per a QME dated 8/8/14, her symptoms are occasional headache, low back, bilateral buttock pain, occasionally feeling unbalanced while walking, bilateral pins and needles sensation across her chest and tingling sensation in her arms and hands. She also has neck pain, daily headaches, vertigo, pain over shoulder, arm, buttock, and intermittent hip pain. Per a report dated 9/11/13, acupuncture has been helpful in alleviating her headaches and paresthesias. Per a PR-2 dated 10/8/13, the claimant noted her headache came back after she stopped receiving treatment. Per a PR-2 dated 1/23/2014, the claimant stated that acupuncture has been beneficial in reducing her neck and back pain, headaches and feelings of vibration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 6 sessions of acupuncture:** 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 after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Also, there does not seem to be sustained improvement from acupuncture and the claimant does not appear to be reducing her dependence on continued medical treatments. Therefore, further acupuncture is not medically necessary.