

<b>Case Number:</b>	CM14-0214670		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/20/2009
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: Ohio

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:

Claimant is a 54 year old female who sustained a work related injury on 4/20/09. Mechanism of injury is described as working at a new station where the desk was two inches higher than her previous desk and she developed head, neck, shoulder blade, arm and buttock pain. Previous treatment has included medications, EMG, pain management, trigger point injections, physical therapy, chiropractic, heat wrap, and acupuncture. She started receiving acupuncture on 4/1/2010. The latest office note available for review, dated 11/10/14 notes a chief complaint of cervical discomfort upon rotation as well as flexion and extension. Pain radiates into both arms and distally bilaterally. Diagnosis is moderate to severe multilevel degenerative disc disease of the cervical spine. Results from previous acupuncture treatments were not available for review. UR decision of 12/17/14 non-certified the request for acupuncture citing MTUS acupuncture medical treatment guidelines and the lack of objective functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 8 visits:** Upheld

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

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

**Decision rationale:** According to the file presented the claimant has received acupuncture since 4/1/2010. The number of treatments completed since this time is unknown. An office noted dated 7/14/14 notes that 12 visits have been allowed. This would reflect that an adequate trail to determine results has occurred. The results of these treatments is not available for review. MTUS notes that treatments may be extended if functional improvement has been documented. Based on the lack of documented functional improvement, and the MTUS guidelines, the request for 8 visits of acupuncture is not medically necessary.