

<b>Case Number:</b>	CM14-0032599		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 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 claimant is a 44 year old female who sustained a work related injury on 4/16/2013. The diagnoses are cervicalgia, displacement of cervical disc, lumbosacral neuritis, and carpal tunnel syndrome. Prior treatment includes acupuncture, TENS, chiropractic, physical therapy, and medications. She was declared permanent and stationary on 8/14/2013. The claimant had six sessions of acupuncture in mid-2013 and another set of at least six sessions in 12/2013. The acupuncturist states that there was objective improvement in range of motion and muscle strength but does not list any objective measures. Per a PR-2 dated 4/8/2014, the claimant has had 3 visits of physical therapy so far. She has had short term relief so far. She has neck fatigue. She has no change in objective findings. She is awaiting QME report and referral for neurosurgery evaluation. A request is made for cervical traction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 treatments 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 MTUS 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 at least 12 prior acupuncture sessions with subjective benefits. However, the provider fails to document any objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture treatment is not medically necessary.