

<b>Case Number:</b>	CM15-0102016		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: California

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:

The injured worker is a 64 year old female who sustained an industrial injury on 2/28/11. The injured worker was diagnosed as having chronic neck pain status post cervical fusion, cervical radiculopathy and left carpal tunnel release. Currently, the injured worker was with complaints of pain in the neck with radiation to the bilateral upper extremities with associated numbness and tingling. Previous treatments included acupuncture treatment and medication management. Previous diagnostic studies included computed tomography. The injured workers pain level was noted as 5-6/10. Physical examination was notable for limited range of motion to the cervical spine and moderate tenderness to cervical paraspinal muscles and upper trapezius with spasms noted. The plan of care was for additional acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture x 8:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical records discuss improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.