

<b>Case Number:</b>	CM15-0012137		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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 62 year old female, who sustained a work related injury on 1/17/11. The diagnoses have included left upper extremity radiculopathy, depression, swallowing difficulties, cervical spine surgery, right and left shoulder arthroscopies, and right shoulder rotator cuff tendonitis. Treatments to date have included cervical neck surgery, epidural steroid injection, physical therapy, and oral medications. The injured worker complains of neck pain and pain that radiates down both arms. She states she has numbness and tingling in both arms. She rates the pain 5-8/10. She states neck pain is made worse with movement. On 12/24/14, Utilization Review modified a request for 6 sessions of acupuncture to cervical spine to 3 sessions of acupuncture to cervical spine. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions of Acupuncture for Cervical Spine:** Upheld

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

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

**Decision rationale:** The patient has not had prior Acupuncture treatment. The provider requested an initial trial of 6 acupuncture sessions which were modified to 3 by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) 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. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.