

<b>Case Number:</b>	CM15-0016886		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	10/08/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 was a 53 year old male, who sustained an industrial injury, October 8, 2013. The injury was related to a motor vehicle accident that was work related. According to progress note of January 10, 2014, the injured workers chief complaint were neck, low back and right wrist pain. The injured worker's low back pain was 10 out of 10; 0 being no pain and 10 being the worse pain, the pain was described as sharp, burning dull and tingling. The injured worker denies any limitations to back movement. The neck pain was 10 out of 10, pain described as sharp, dull, burning and tingling. The right wrist pain was 10 out of 10 pain; pain described as sharp and dull. Symptoms were aggravated by typing, writing, driving or any motion. The injured worker was diagnosed with cervical sprain/strain, lumbar strain/sprain and right wrist/hand strain/sprain. The injured worker previously received the following treatments the injured worker completed MRI of the lumbar spine, 6 physical therapy visits, chiropractic, right shoulder surgery in 2010 and right cubital tunnel release 2010. Per a Pr-2 dated 1/26/2015, the claimant has reached maximal medical improvement and has exhausted conservative measures. Future medical care is awarded for two years for chiropractic, acupuncture, physical therapy, medications, and injections if needed. A prior review dated 1/7/15 notes that the claimant had six acupuncture visits with no documented improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued acupuncture 3x3 for the lumbar/cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 trial with no documented benefits. Also the claimant has reached maximal medical improvement and exhausted all conservative measures. Since the provider fails to document objective functional improvement associated with acupuncture treatment, further acupuncture is not medically necessary.