

<b>Case Number:</b>	CM15-0018664		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: 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 52 year old female who sustained a work related injury o 9/20/11 while brushing walls and developed neck and back pain. PR-2 dated 11/5/14 notes that acupuncture has been helping with her pain but that her pain has increases since sessions have stopped. Persistent neck and low back pain are reported. Pain was rated an 8-9 out of 10. Work restrictions are limited to 6 hours a day with no repetitive bending, twisting or lifting with the spine. No lifting of more than 10lbs. There is one acupuncture note dated 7/9/14 available for review. It notes that the patient is improving with less pain, better sleep. Pain is not rated. Lumbar flexion has increased to 50 degrees and extension is 30 degrees. Presently working with restrictions. UR decision on 1/14/15 non- certified a request for 6 acupuncture visits citing the claimant has had 24 sessions with no documentation of objective clinical improvement and the MTUS Acupuncture Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture:** Upheld

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

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

**Decision rationale:** MTUS Acupuncture guidelines state that Acupuncture treatments may be extended if functional improvement is documented. Based on the documents provided objective functional improvement as not been documented. Bases on the lack of objective functional improvement and the Acupuncture Medical Treatment Guidelines the treatment request is not medically necessary.