

<b>Case Number:</b>	CM15-0018963		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	09/08/2008
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/15/2015
<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 53 year old male who sustained a work related injury on 9/8/2008. Previous treatment has included medications, MRIs, Sleep study, physical therapy, chiropractic, medical foods, EMG/NCV, and acupuncture. Diagnoses related to the treatment request are cervical, thoracic, and lumbar disc herniation. Three acupuncture treatment notes are available for review. These notes fail to provide evidence of objective function only that the patient is "better." The PR-2 dated 11/17/14 is hand written and mostly illegible. There is decreased cervical and lumbar spine range of motion with spasm. Range of motion is not quantified. Current diagnoses related to this treatment request is cervical and lumbar herniated disc. Work status is that the injured worker is to remain off work. UR decision dated 11/25/14 non-certified the request for acupuncture 1 time a week for 4 weeks due to lack of functional improvement and the MTUS Acupuncture Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture once a week for 4 weeks:** Upheld

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

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

**Decision rationale:** The injured worker has undergone at least 3 acupuncture visits which would be an adequate trial of care. MTUS Acupuncture Medical Treatment Guidelines note that acupuncture treatments may be extended if functional improvement is documented. Due to the lack of objective functional improvement of the previous acupuncture treatment and the MTUS Acupuncture Medical Treatment Guidelines the request for acupuncture one time a week for four weeks is not medically necessary.