

<b>Case Number:</b>	CM15-0019156		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/28/2015
<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: 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 58 year old female with an industrial injury dated 07/12/2013. She presented on 01/14/2015 with complaints of headaches which had become more frequent and disabling since cessation of therapy. The provider notes a "robust" response to acupuncture with reduction in headache frequency and intensity, functional improvement demonstrated by a clinically significant improvement in her activities of daily living, including return to work, plus a reduction in her need for headache medicine. The provider states that the claimant had more frequent and disabling migraines since cessation of therapy. Prior treatments included evaluation by neuropsychology with recommendations for psychotherapy, acupuncture, and medications. Diagnosis was exposure to unidentified fumes 07/12/2013, neurocognitive disorder, mild, chronic migraine, pre-existing the industrial exposure. The provider requested 6 additional sessions of acupuncture therapy. On 01/28/2015 utilization, review issued a decision of non-certification of the request for 6 additional sessions for acupuncture therapy. MTUS was cited. Prior treatments include 32 acupuncture treatments from 10/2013 to 10/2014, medication, and psychotherapy. Per an acupuncture progress report on 10/7/14, the claimant has completed 32 acupuncture treatments and her pain level has increased from 6/10 to 9/10 because of a gap in treatment. She reports that her tolerance for ADL's has decreased. She is having to rely on her medications more. She had six sessions of acupuncture starting on 9/3/2014-10/7/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment, quantity: 6 sessions:** Upheld

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

**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, and a reduction of dependency on continued medical treatments or medications. The claimant has extensive prior acupuncture with initial benefits. However, the provider fails to document objective sustained functional improvement associated with acupuncture treatment. Despite extensive treatment, the claimant has an increase in pain, decrease of tolerance of ADLs, and increase in medications. The claimant is showing no decrease in dependency on continued medical treatments and medications, therefore further acupuncture is not medically necessary.