

<b>Case Number:</b>	CM15-0118245		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 52 year old female, who sustained an industrial/work injury on 11/1/11. She reported initial complaints of head and neck pain. The injured worker was diagnosed as having cervical displaced intervertebral disc and cervical radiculopathy. Treatment to date has included medication, physical therapy, acupuncture, cervical traction, transcutaneous electrical nerve stimulation (TENS) unit, trigger point injections, and home exercise program. MRI results were reported on 3/18/15. Currently, the injured worker complains of neck and arm pain. Per the physician's report on 6/1/15, exam notes cervical flexion causes pull, extension 40 degrees was pain free, upper extremity neurology exam is normal. There was report of 90% reduction in her chronic neck pain and arm pain following her 3 acupuncture visits. Current plan of care included additional sessions. The requested treatments include Acupuncture x 4 sessions to cervical spine. Per a report dated 3/24/15, the claimant reports doing acupuncture in December and doing very well with it. Per a PR-2 dated 6/9/2015, the claimant feels 90% better and has had lasting relief since 5/28/14. She takes advil or aleve approximately once per week. She will continue her current modified duty with restrictions of no lifting greater than 5 pounds and no overhead work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 4 sessions to cervical spine:** 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, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture with subjective improvement. However, the provider fails to document objective functional improvement associated with acupuncture treatment. The claimant is not demonstrating any decreased need of treatment. Therefore further acupuncture is not medically necessary.