

<b>Case Number:</b>	CM15-0120653		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	11/09/2010
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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:

This 59 year old female sustained an industrial injury on 11/09/10. She subsequently reported shoulder and neck pain. Diagnoses include degeneration of cervical intervertebral disc, cervical radiculitis and lumbago. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience right neck, shoulder, hand, hip and knee pain. Upon examination, there is tenderness at the left C3-7 and at the left upper trapezius. Cervical and lumbar spine ranges of motion are reduced. Sensory examination revealed deficits in the right upper extremities. A request for Acupuncture 1 x week x 8 weeks, cervical spine was made by the treating physician. According to a prior UR review, the claimant has had over 30 acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 x week x 8 weeks, 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 of unknown quantity and duration and with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.