

<b>Case Number:</b>	CM15-0146966		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 53 year old female, who sustained an industrial-work injury on 9-25-13. She reported initial complaints of neck pain. The injured worker was diagnosed as having neck sprain-strain, multilevel degenerative cervical disk disease, bilateral cervical radiculopathy, insomnia, and anxiety disorder. Treatment to date has included medication. Currently, the injured worker complains of bilateral trapezius spasms, disturbed sleep, neck pain that is rated 8 out of 10. Per the primary physician's progress report (PR-2) on 7-7-15 exam notes motor strength of 5 out of 5 to upper extremities, sensation is intact, and spasm in bilateral trapezius. Medications include Fenoprofen with start Flexeril. Current plan of care includes acupuncture. Per a PR-2 dated 2/24/15, 3/18/15 and 4/14/15, the claimant's acupuncture sessions have been beneficial in decreasing pain, decreasing headaches, increasing ROM and relaxing muscles. The Request for Authorization requested service to include Acupuncture 6 visits. The Utilization Review on 7-27-15 denied the request for Acupuncture 6 visits, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Acupuncture Treatment 2007.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**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 acupuncture of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.