

<b>Case Number:</b>	CM15-0064393		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	12/22/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 45 year old female sustained an industrial injury to the cervical spine on 4/30/14. Previous treatment included medications. In an initial chiropractic evaluation report dated 1/20/15, the injured worker complained of constant head pain with radiation to the neck rated 7/10 on the visual analog scale, bilateral shoulder pain with radiation to the neck rated 7/10 and neck pain rated 7/10. The injured worker reported difficulty falling asleep due to pain. Current diagnoses included anxiety, insomnia, interstitial myositis, cervico-cranial syndrome and headache. The treatment plan included acupuncture twice a week for four weeks, chiropractic therapy, a functional restoration program, LINT therapy, physical therapy consultation, psychological evaluation, shockwave therapy treatments, a sleep study, medications (STPDL and Lunista) and a toxicology consultation. Six visits of acupuncture were approved on 3/9/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2xwk X 4wks, Cervical:** 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 acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, eight visits exceeds the recommended guidelines for an initial trial. Therefore, the requested medical treatment is not medically necessary.