

<b>Case Number:</b>	CM15-0070857		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	06/25/2008
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 40 year old woman sustained an industrial injury on 6/25/2008. The mechanism of injury is not detailed. Diagnoses include residual scarring versus chronic nerve damage to the cervical spine, transitional syndrome with stenosis and disc protrusion of the cervical spine, anxiety, and depression. Treatment has included oral medications, nerve root block, acupuncture, and surgical intervention. Physician notes dated 3/24/2015 show complaints of constant headaches, sharp neck pain with radiation to the left upper extremity, constant low back pain with radiation to the left leg rated 4-6/10. Recommendations include additional nerve root block injection, acupuncture, Norco, Voltaren XR, urine drug testing, and a request a copy of the AME report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Peer to Peer Acupuncture (2 times weekly for 4 weeks) Cervical Spine and Left Upper Extremity, 8 sessions:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were non-certified by the utilization review. Patient reported temporary relief with previous acupuncture; however, there is lack of evidence that prior acupuncture care was of any functional benefit. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.