

<b>Case Number:</b>	CM15-0079938		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	05/10/2014
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 29 year old male patient who sustained an industrial injury on 05/10/2014. The injured worker was working on an ambulance and it was involved in an accident getting hit broadside by another vehicle resulting in injury. Back on 10/06/2014 the primary treating noted the patient with subjective current complaint of cervical spine, bilateral shoulders with pain. Current medications are: Relafen, Tramadol and Adderall. Objective findings showed tenderness over the parathoracic muscles and spinous process from T1 through 7 bilaterally. He is diagnosed with the following: cervical sprain/strain, rule out herniated disc; left trapezius strain, and thoracic sprain/strain. The plan of care involved: recommending radiography study of the cervical spine and a short course of physical therapy. He is to return to modified work duty. The following visit dated 11/10/2014 described the patient with headaches, along with the neck pain and tension. He states he has been seeing a chiropractor on his own, paying out of pocket. He states it is helping. He is working, but at the end of the day is feeling a lot of tension, headaches, and stress. A diagnosis of cluster headaches was added to the treating diagnoses. The plan of care is recommending the patient continue with physical therapy, continue with home exercise program, and obtain referral to a pain management consultation. In 09/23/2014 he was attending acupuncture therapy sessions with report of overall improvement of symptom. Of note, he is still attending chiropractic visit. The impression now noted the patient with cervical spine strain/sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 x 3 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 acupuncture trial with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.