

<b>Case Number:</b>	CM13-0016618		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	01/12/2009
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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. The physician reviewer is licensed in Chiropractic and Acupuncture and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 39 year old female with a date of injury of 1/12/2009. According to the progress report dated 8/7/2013, the patient reported some pain in the neck with occasional numbness and tingling in the left hand. Physical exam reveal positive Spurling on the left, decreased sensation in the left hand, normal strength and reflexes of the bilateral upper extremity, and decrease cervical range of motion in all planes by 10 percent. The patient was diagnosed with myofascial pain syndrome, repetitive strain injury left upper extremity, cervical spine strain, and cervical radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two (2) times a week for four (4) weeks; cervical:** Upheld

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

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

**Decision rationale:** The patient has neck pain with left upper extremity pain. The provider requested a third round of acupuncture consisting of 2 times a week for 4 weeks. The patient had completed 16 acupuncture sessions. The guideline states that acupuncture may be extended if there is documentation of functional improvement define in section 9792.20(f). There was

documentation that states that the patient was better with acupuncture but the provider failed to document any objective functional improvement with acupuncture therapy. Therefore, the request for 8 additional acupuncture sessions is not medically necessary at this time.