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| <b>Case Number:</b>   | CM13-0016969 |                              |            |
| <b>Date Assigned:</b> | 10/11/2013   | <b>Date of Injury:</b>       | 04/20/2013 |
| <b>Decision Date:</b> | 04/16/2014   | <b>UR Denial Date:</b>       | 08/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/27/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Texas. 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 47-year-old female who reported an injury on 04/20/2013. The mechanism of injury was noted to be a fall on a hard floor. The diagnosis per the application for independent medical review was noted to be intervertebral disc disorders with a displacement of cervical intervertebral disc without myelopathy. The request per the application for independent medical review was for physical therapy and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for acupuncture treatment once a week for six weeks for treatment to the cervical spine:** Upheld

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

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

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 - 6 treatments. There was a lack of documentation as there was no physical examination accompanying the request. Given

the above and the lack of documentation, the request for acupuncture treatment once a week for 6 weeks of the cervical spine is not medically necessary.