

<b>Case Number:</b>	CM13-0022386		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/20/2005
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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 Chiropractic, has a subspecialty in 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 injured worker is a 59 year old female who reported neck pain from injury sustained on 6/20/2005. Injury is caused by repetitive trauma due to continuous typing. MRI dated November 2009 revealed disc bulge and stenosis. Patient has been diagnosed with Brachial Neuritis and tenosynovitis. Patient was treated with medication, therapy and Acupuncture. Patient was re-evaluated after 6 visits to determine if care has been beneficial and/or if further treatment is necessary. Patient reported symptomatic and functional improvement with care. Per notes dated June 2013, patient reported pain 6/10, decreased medication use, limited range of motion, increased performance ADL and increased functional capacity. Per notes dated 8/8/13, patient continues to have neck pain, decreased medication use and bilateral upper extremity symptoms reduced temporarily. Patient had positive response to Acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**additional acupuncture two (2) times a week for three (3) weeks to the cervical spine:**

Overturned

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

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

**Decision rationale:** MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency:1-3 times per week. 3) Optimum duration:1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Per notes dated June 2013, Patient reported decreased use of medication, increased performance of ADLs and increased functional capacity. Prior Acupuncture treatment helped decrease her symptoms and increase functional improvement. Per MTUS- Definition 9792.20 (f) "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, performed and documented as part of evaluation and management visit billed under the OMFS; and a reduction in the dependency on continued medical treatment. Per review of evidence and guidelines, additional Acupuncture visits 2X3 are medically necessary.