

<b>Case Number:</b>	CM13-0022458		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	09/09/2013
<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 Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma. 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:

This patient is a fifty five year old female who reported an injury on 10/29/2012. The notes indicate the patient has completed twelve sessions of both acupuncture and physical therapy with significant improvement in pain and range of motion. The notes indicate the patient underwent cervical magnetic resonance imaging on 02/01/2013 which showed degenerative changes greatest at C5-6 and C6-7. The notes indicate the patient also performs a home exercise program daily and visits a gym every other day and has been utilizing naproxen which has significantly reduced her pain. The current request is for continued acupuncture one visit per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture one visit per week for six weeks:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional

recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The documentation submitted for review indicates evaluation of the patient on 10/01/2013 noted the patient's improvement after undergoing twelve sessions of acupuncture therapy in conjunction with twelve physical therapy sessions. The documentation submitted for review indicates the patient is diagnosed with a repetitive strain injury for which she was referred for treatment originally. However, the documentation submitted for review indicates the patient continues to have neck pain lateral rotation and despite noted improvement with treatment, there is lack of documentation indicating the patient has lack of toleration to prescribed medications or significant functional deficits for which acupuncture would be recommended. Given the above, the request for continued acupuncture one visit per week for six weeks is not medically necessary and appropriate.