

<b>Case Number:</b>	CM13-0024948		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/04/2009
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 expert 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 injured worker is a 60 year old injured worker who reported neck, upper back, left shoulder and left arm pain from injury sustained on 9/4/09. He was trying to close a defective refrigerator door when he started feeling pain. MRI of the cervical spine revealed multilevel cervical spondylosis and facet arthropathy. Patient has been treated with extensive medication, physical therapy, epidural injection, left shoulder arthroscopic surgery and acupuncture. Patient was seen for a total of 36 acupuncture visits. Patient reported symptomatic improvement but there was lack of functional improvement. Per notes dated 5/2/13, patient has persistent neck pain which radiates to the left shoulder pain. Per acupuncture progress notes dated 1/10/13, the patient states that he still has pain in the left side of neck, radiating down his left shoulder; however, he states that prior to acupuncture he felt severe pain most of the time but he now feels severe pain once in a while. Per letter of appeal dated 2/8/13, "we tried acupuncture but it did not make much difference on the neck and arm symptoms". Per notes dated 6/27/13, "he continues to have neck pain and left shoulder pain; he finishes 8 session of acupuncture; it helped his neck and shoulder and brought it down to a more tolerable level. Per notes dated august 2013, "once he received acupuncture on a regular basis, at least once every other week, he felt ok; his pain was more controllable; the break in acupuncture always increase his pain". Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Patient continues to have pain and flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE CERVICAL SPINE QTY: 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** According to the MTUS Acupuncture Medical Treatment Guidelines, pgs.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". Based on the medical records provided for review the patient has had more than 30 acupuncture treatments which gave them temporary symptomatic relief. There is lack of evidence that prior acupuncture care was of any functional benefit. Patient reported decrease in pain with treatment; however, lack of continuous treatment increased level of pain. There is lack of long term improvement with care as the patient continues to take pain medication. Per MTUS guidelines, 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. The requests for 8 acupuncture treatments for the cervical spine are not medically necessary and appropriate.