

<b>Case Number:</b>	CM13-0029640		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	06/25/2008
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 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 40 year old male who reported Neck, low back and shoulder pain from injury sustained on 06/25/08. Mechanism of injury is unknown. The MRI dated 10/16/12 revealed anterior/ posterior fusion at C5, C6 and C7; and multilevel disc protrusion. The patient was diagnosed with Brachial Neuritis, status post cervical discectomy and fusion; C5 radiculitis. The patient was treated with medication, injection and C5 selective nerve root block on 7/3/13. Patient has mild improvement nerve block. The patient hasn't had any long term symptomatic or functional improvement. Patient continues to have pain and flare-ups. Per the notes dated 8/16/13, patient reported constant neck pain, low back pain radiating to buttocks and bilateral lower extremity. Per notes dated 12/17/13, he reported constant headache, neck pain of 4-5/10, Left shoulder pain 4/10 and low back pain 3-4/10. Patient had mild symptomatic improvement with prior interventions but continues to have pain and radiation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two times per week for four weeks for the cervical and left upper extremity:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** According to the Acupuncture Medical treatment Guidelines, "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 guidelines initial course of 3-6 treatments are sufficient to hasten functional recovery, additional visits may be requested if there is documented objective functional improvement. Based on the medical records provided for review the patient does not meet Acupuncture Medical Treatment Guidelines. The request for acupuncture two times per week for four weeks for the cervical and left upper extremity is not medically necessary and appropriate.