

<b>Case Number:</b>	CM13-0031380		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert 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 expert 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 51 year old female who reported neck pain from an injury sustained on 11/1/11 after she bumped her head on a cabinet. MRI of the cervical spine revealed disc bulge and arthritic changes. The patient was diagnosed with cervical spondylosis and C5-6, and C6-7 disc bulge. The patient has been treated with medication, TENS, cervical traction, physical therapy, and extensive acupuncture. Per notes dated 6/27/13, the patient reported a slight increase in neck pain, and increased arm numbness, which she attributes to a lack of acupuncture over the previous five weeks; when she was having regular treatment, her pain was under control. Per notes dated 9/12/13, she had a flare-up in neck stiffness and radicular pain resulting from additional activities at work and washing her car, received great benefit from acupuncture therapy which has reduced her pain and allowed her to decrease her medication. The patient has had more than 20 acupuncture visits, which help with her symptoms temporarily; the pain returns with lack of treatment. The primary treating physician is requesting an additional 6 visits for her flare-up. Utilization review modified the request from 6 to 3 visits. Per notes dated 11/6/13, the patient notes 90% reduction in her neck, interscapular region, bilateral trapezius, and left arm numbness following 2-3 authorized visits. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient hasn't had any long term symptomatic or functional relief with acupuncture care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX ACUPUNCTURE VISITS:** Upheld

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

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

**Decision rationale:** Per the MTUS Acupuncture Medical Treatment Guidelines, acupuncture is 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. The time to produce functional improvement is 3-6 treatments, 1-3 times per week, for the optimum duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. The patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient hasn't had any long term symptomatic or functional relief with acupuncture care. The patient's progress with acupuncture is temporary, as she continues to have symptoms after termination of care. Long term maintenance care is not recommended per guidelines. Per review of evidence and guidelines, six acupuncture treatments are not medically necessary.