

<b>Case Number:</b>	CM13-0034188		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/01/2011
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 65 year-old female who was injured on 12/1/2011. She has been diagnosed with C6/7 bulge and cervical strain/whiplash injury. According to the 10/23/13 report from [REDACTED], acupuncture has helped, and there was an AME that allowed 12 additional sessions, but they had not been authorized. Pain was 5/10. On exam there was decreased cervical ROM, normal sensory, reflex and strength to the BLE and BUE. [REDACTED] requested acupuncture 2x4. The IMR application shows a dispute with the 8/20/13 UR decision; this was by FORTE and was based on a 7/24/13 report from [REDACTED] and recommended denial of the acupuncture 2x4. The 7/24/13 report from [REDACTED] shows 5+/10 pain, and requests acupuncture 2x4. There was no AME report provided for IMR that was dated prior to 10/23/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture to the cervical spine two times a week for four weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Physician Reviewer's decision rationale: According to the 7/24/13 report, the patient presents with neck pain. There is no indication that the patient has had prior acupuncture. The physician requests acupuncture 2x4. MTUS/Acupuncture guidelines states acupuncture can help pain and states there should be some indication of functional improvement in 3-6 sessions. The guidelines state that "Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f)." There is not discussion of functional improvement on the 7/24/13 report, and if this were the initial request for acupuncture, the number of sessions exceeds the 3-6 sessions that MTUS/Acupuncture guidelines recommend to document functional improvement. The initial request for 8 sessions of acupuncture does not appear to be in accordance with the guidelines.