

<b>Case Number:</b>	CM13-0037605		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/04/2013
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 55-year-old male presenting with neck, shoulder, mid back and mouth pain following a work-related injury on April 4, 2013. The patient complains of burning, radicular neck pain and spasms. He describes his pain as constant, moderate to severe. The pain is rated as a 7-8 out of 10. The pain radiates to the bilateral upper extremities, greater on the right side, associated with numbness and tingling. The pain is aggravated by looking up, looking down, and side to side as well as by repetitive motions of the head and neck. Physical exam was significant for tenderness to palpation at the paraspinal, trapezius, and scalene muscles, there is also tenderness to palpation at the occiput, there is limited range of motion in all planes of the cervical spine, tenderness to palpation at the rotator cuff tendons and muscle attachment sites, positive impingement test on the right and positive supraspinatus test bilaterally, mild tenderness C5, C6, C7, C8 and T1 are decreased secondary to pain in the bilateral upper extremities, tenderness with spasms over the bilateral thoracic paraspinal and spinous processes, limited range of motion in all planes of the thoracic spine, and Kemp's test was positive bilaterally. The claimant was diagnosed with cervical spine strain/sprain rule out herniated nucleus pulposus, cervical spine radiculopathy, bilateral shoulder sprain rule out internal derangement, thoracic spine strain rule out herniated nucleus pulposus, TMJ pain and dysfunction syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INITIAL ACUPUNCTURE TIMES SIX PLUS THREE TIMES TWO FOR 2MTHS; ■■■■**

**■■■■ RFA 09/13/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Initial acupuncture x 6 plus 3 x 2 for 2 months is not medically necessary. Per Ca MTUS "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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. In this case, Acupuncture is not medically necessary because there was no attempt to reduce pain medication or use in combination with a physical rehab program.