

<b>Case Number:</b>	CM13-0038522		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	08/31/2005
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 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 42-year-old female who reported headaches and neck pain from injury sustained on 8/31/05 due to poor ergonomics in workplace. There were no diagnostic imaging reports. The patient is diagnosed with headaches, ankylosing spondylitis and sacroiliitis. The patient has been treated with medication and acupuncture. Per notes dated 6/7/13, the patient complains of pain all over the body, at multiple major joints especially the low back and sacroiliac. Per notes dated 6/26/13, the patient complains of headaches, neck pain and right extremity pain. Pain is rated at 8/10 and low back pain is rated at 7/10. The patient has a history of ankylosing spondylitis and has had chronic pain for many years. The primary treating physician is requesting additional 12 acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient has not had any long term symptomatic or functional relief with acupuncture care. The medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) ACUPUNCTURE SESSIONS TO THE CERVICAL SPINE FOR COMPLAINTS OF HEADACHES: Upheld**

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

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

**Decision rationale:** Per MTUS-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". The patient has had prior acupuncture treatment. The medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Furthermore requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. 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. Per review of evidence and MTUS guidelines, the request for twelve (12) acupuncture session to the cervical spine is not medically necessary.