

<b>Case Number:</b>	CM13-0040154		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	01/18/2003
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 Care 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 37-year-old who reported neck and upper extremity pain from injury sustained on 1/18/2003 due to repetitive motion. MRI of the cervical spine revealed multilevel disc protrusion and degenerative changes. EMG was unremarkable. The patient was diagnosed with chronic neck pain with upper extremity symptoms. The patient was treated with medication, physical therapy, home exercise program and acupuncture. Per MD notes, patient has not been treated in his office for the last three years. The patient returns complaining of persistent pain in her neck and intermittent numbness in arms and hands. She rates her pain at 3-4/10; has full range of motion with increased pain at end range. Per notes dated 9/17/13, primary treating physician is requesting eight acupuncture sessions as it was "helpful" in the past. According to the utilization review dated 10/1/13, the request for eight sessions was denied due to lack of functional improvement with previous acupuncture sessions. According to the medical records provided, the patient has been doing acupuncture. Primary physician wrote a letter of appeal dated 11/4/2013. The patient had eight acupuncture sessions from 11/25/13-1/16/14; it is unclear if the sessions were authorized. According to the Acupuncture progress notes dated 1/16/14, patient still has pain and weakness in her neck and shoulder but the pain seems to be less intensified comparing to what she felt prior to acupuncture. The patient has temporary relief with acupuncture. Initial acupuncture progress notes from three to five years ago were not included in medical records for review. Patient continues to have pain and numbness. 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:

**ACUPUNCTURE 2 TIMES A WEEK FOR 4 WEEKS FOR THE CERVICAL SPINE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS 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". 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. Additional visits may be rendered if the patient has documented objective functional improvement. According to the Acupuncture Medical Treatment 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. The request for acupuncture to the cervical spine, twice per week for four weeks, is not medically necessary or appropriate.