

<b>Case Number:</b>	CM13-0045022		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/21/2002
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 55 year old female who reported neck and upper back pain from injury sustained on 4/21/02 after boxes fell on her head and neck. She had a shot on the left side which created severe nerve damage 3 years ago; she is unable to move her arm and hand. There were no diagnostic imaging reports. Patient was diagnosed with cervical degenerative disc disease. Patient has been treated with medication, physical therapy and acupuncture. Patient was seen for a total of 24 acupuncture visits. Primary treating physician is recommending an additional 6 acupuncture visits. Utilization review had denied the request as there was lack of documented functional improvement. Additional notes dated 01/03/14 were submitted for review. Per notes her low back pain started out at 9/10 and neck pain at 7/10. There was initially no feeling in the left hand after the shot. After treatment, acupuncture reduces the severity of inflammation in the muscles. Her left hand had no sensation is now tingling with feeling. Her neck pain and stiffness rarely bother her since June 2013. Medication has reduced from 120mb at 4 times per day to 90 mg 2-4 times/day. She is able to work with minimal pain. In October 2013 she was in an accident which aggravated her low back pain. Per current notes the request for 6 acupuncture sessions is reasonable as the patient is having functional improvement with care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 1-2 TIMES A WEEK FOR 6 TOTAL VISITS FOR THE NECK AND BACK:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "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. Per recent medical notes presented for review revealed that her pain is maintained with acupuncture treatments, her medication intake has decreased from 120mg at 4 times/day to 90mg 2-4 times/day; she is able to work with minimal pain. 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 and reduction in pain medication. Per review of evidence and guidelines, 6 acupuncture treatments are medically necessary.