

<b>Case Number:</b>	CM13-0047620		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/20/2007
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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:

The patient with sustained an industrial injury on December 20,2007. He is status post ACDF (anterior cervical discectomy and fusion) at C6-7in,2008 and ACDF at C3-4 in January 2010. An MRI of the cervical spine with/without contrast was completed on June 23, 2010 and demonstrated: 1. Stablediscectomy and anterior fixation changes at C6-C7. 2. Interval discectomy with anterior fixation of C3-C4. Enhancing granulation tissue in the posterior discectomy. 3. Mild central stenosis at C3-C4, C4-CS, and CS-C6 is similar to prior. 4. Uncinate and facet hypertrophy results in foraminal stenosis on the right at C3-C4 (moderate), on the right at CS-C6 (moderate), on the left at C6-C7 (moderate-to-severe) and bilaterally at C7-T1 (moderate). Other levels of mild foraminal narrowing are described above. Overall, foraminal narrowing does not appear significantly different from before. The patient underwent right CS, C6 and left C5, C6 and C7 medial branch nerve blocks on November 11, 2010. On February 2, 2012 noted that the patient underwent a C6 selective nerve root injection. September 25, 2012 CT scan of the cervical spine demonstrated "1. There appears to be mild central stenosis at C3-4, C4-S and C5-6 as well as possibly at C7-T1, as described above. 2. There are multiple areas of neural foraminal narrowing within the cervical spine as described above. 3. There is solid anterior and intervertebral fusion from C6 through C7, and there is intervertebral fusion material at C3-4 but no definite bony ridging is seen across the C3-4 disc space." On March 19,2013. that the patient underwent bilateral C4, C5 and C6 medial branch blocks. An April 29, 2013 report by ██████████ noted that the patient underwent medial branch nerve blocks on March 9, 2013 which he confirmed dramatically reduced his pain. A prior peer review was performed on May 16, 2013, at which time recommendation was given to non-certify the appeal for a cervical radiofrequency neurotomy C4, C5,

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**acupuncture for the cervical spine, six sessions:** Overturned

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

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

**Decision rationale:** Acupuncture x6 sessions for cervical spine is medically necessary. According to the Acupuncture Medical Treatment Guidelines the request for 6 sessions is reasonable as this may be the "Time to produce functional improvement: 3 to 6 treatments." The 6 sessions falls within treatment recommendations and is medically appropriate. The request for acupuncture for the cervical spine, six sessions, is medically necessary and appropriate.