

<b>Case Number:</b>	CM13-0054244		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/31/2008
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/17/2013
<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 a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is licensed 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 62-year-old who reported neck and Low back pain from injury sustained on 3/31/2008. Per doctors first report "As a machine mechanic, pt was repairing a machine, an operator tried to shove a cardboard under his knees, patient stood up and took a step back and fell into a 12 ft pit". NCV/EMG (Nerve Conduction Velocity Exam / Electromyogram) dated 01/2011 was unremarkable. MRI dated 3/20/11 of the cervical spine revealed facet arthropathy at C2-C7. MRI dated 9/19/13 of the lumbar spine revealed a disc bulge at L2-L3 causing spinal canal stenosis and disc protrusion at L5-S1. Patient was diagnosed with Cervicalgia, chronic pain syndrome, Lumbago and Lumbar sprain. Patient was treated with extensive medication. Per notes dated 6/28/13 patient continues to have neck and low back pain with radicular symptoms, pain is 5/10. Per notes dated 10/09/13, he continues to have increased neck pain and Low back pain, pain is 5-6/10. Per notes dated 11/22/13, patient has increased neck and low back pain, pain is 5-6/10/. He remains symptomatic and out of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro-acupuncture to the cervical spine, twice per week for three weeks:** Upheld

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

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

**Decision rationale:** The Expert Reviewer's 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". Also according to the Acupuncture Medical treatment Guidelines, acupuncture may be used when pain medication is reduced or tolerated or it may be used with physical rehabilitation both which not were not addressed in the evidence provided. The patient was tolerating and medication and does not currently have any Physical rehabilitation interventions. The request for electro-acupuncture to the cervical spine, twice per week for three weeks, is not medically necessary or appropriate.