

<b>Case Number:</b>	CM13-0057237		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 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:

This is a 52-year-old patient with neck pain complains. Diagnoses included multiple cervical discs bulges. Previous treatments included: oral medication, physical therapy, acupuncture (unknown number of sessions, gains reported as "short term relief") and work modifications amongst others. The PTP requested additional acupuncture on 11-06-13 by the PTP (with previous acupuncture, "90% pain reduction", PTP (peer-to-peer) report dated 11-06-13). The requested care was modified on 11-18-13 by the UR reviewer to approve three sessions. The reviewer rationale was "additional acupuncture x3 will equal with the prior care x3, a total of six sessions, which is supported by the MTUS as medically and necessary as a trial. Additional care may be considered with documentation of objective functional improvement, which has yet to be done".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EIGHT ACUPUNCTURE TREATMENT SESSIONS TO 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:** Report from PTP dated August 2, 2013,, indicated that the patient was working with 5-10 pounds restrictions taking Duexis (BID for pain-inflammation), Flexeril and Tramadol, PRN... tolerance in sitting 30', standing 45' and walking 1hour. Report from PTP dated September 12, 2013, patient presents a flare up of neck pain...indicates that the patient was working with 5-10 pounds restrictions taking Duexis (BID for pain-inflammation), Flexeril and Tramadol, PRN... tolerance in sitting 1 hour, standing 1 hour and walking 1.5 hour. (ADLs improved regardless the lack of acupuncture?) Report from PTP dated November 6, 2013, indicates that the patient was working with 10 pounds restrictions...continues taking Duexis (for pain-inflammation), Flexeril and Tramadol, PRN, tolerance in sitting one hour, standing one hour, and walking one hour. Current guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Over eighteen sessions were already rendered with a reported benefit of temporary reducing symptoms. When the reports dated August 2, September 12, and November 6, 2013, from the PTP are compared, they are essentially the same, without any evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) provided to support the reasonableness and necessity of the additional acupuncture requested. The request for eight sessions of additional acupuncture is not medical necessity or appropriate.