

<b>Case Number:</b>	CM13-0058824		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/29/2010
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 expert reviewer is Board Certified in Acupuncture has a subspecialty in 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 59 year old female who reported neck and low back pain from injury sustained on 6/29/10. The injury was sustained due to cumulative trauma. MRI dated 6/20/11 of lumbar spine revealed discogenic changes and disc herniation. MRI dated 7/21/11 of the cervical spine revealed disc herniation at C5-6. MRI of the thoracic spine revealed mild diffuse spondylosis. X-rays of the cervical spine dated 6/21/12 and 10/5/12 revealed mild spondylosis. X-ray of left knee was unremarkable. Patient was diagnosed with cervical sprain, cervical disc displacement and lumbar disc displacement. Patient has been treated with extensive medication, physical therapy, acupuncture and surgery (lumbar fusion 2/19/13). Patient was re-evaluated after 7 visits to determine if care has been beneficial and/or if further treatment is necessary. Patient reported symptomatic improvement for the first 7 visits but lack of functional improvement. Per notes dated 9/26/13, "she started acupuncture which has been of some help". There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with care. Patient continues to have pain and flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 10 visits for the neck and low back:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Per review of evidence and guidelines, 10 acupuncture treatments are not medically necessary.