

<b>Case Number:</b>	CM13-0065727		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of July 30, 2012. Treatment to date has included acupuncture, chiropractic care, physical therapy, steroid injection, and medications such as Flexeril and Celebrex. A utilization review from November 27, 2013 modified the request for acupuncture to treat the cervical spine and upper extremities 2x4 into acupuncture to treat the cervical spine and upper extremities 2x2 because the patient already had 2 acupuncture sessions 8 months prior and benefits are usually achieved up to 3-4 visits as per guideline recommendations. A progress report dated November 4, 2013 identifies subjective complaints including neck pain, left upper arm pain, difficulty concentrating, anxiety, and a recent flareup of left arm pain. Objective examination findings reveal cervical spine pain which radiates to the left upper extremity with tenderness and limited range of motion. Left lumbar radiculopathy is also noted with positive straight leg raise and tenderness to palpation around the paraspinal muscles. Diagnoses include cervical spine sprain/strain with upper extremity radiculopathy, tendinitis of the left shoulder, internal derangement of the left knee, and thoracolumbar spine sprain/strain. The treatment plan recommends possible epidural injections, psych consult, acupuncture 2X6 to improve range of motion and function as the patient has had 2 sessions over 8 months ago to her neck only which was not enough to experience any relief. A progress note dated August 12, 2013 recommends continuing home therapy and symptomatic medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TO TREAT THE CERVICAL SPINE AND UPPER EXTREMITIES  
TWO TIMES FOUR MOD TO CERT TWO TIMES TWO: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined 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." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone 2 sessions of acupuncture thus far. The requesting provider correctly identifies that this is an incomplete acupuncture trial. Guidelines recommend a trial of 4-6 visits. Additionally, it does appear the patient is participating in a home exercise program which would be used in conjunction with the requested acupuncture. The current request appears to be for the modified certification of 2 acupuncture sessions per week over a two-week period. This would represent an adequate trial of acupuncture either by itself, or when added to the 2 sessions already provided. As such, the currently requested modified acupuncture 2Ã2 is medically necessary.