

<b>Case Number:</b>	CM13-0067776		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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:

The injured worker is a 48 year old male who reported low back and neck pain from injury sustained on 11/1/10. An MRI of the cervical spine revealed reversal of cervical lordosis and anterior disc height. The patient was diagnosed with cervical sprain/strain; shoulder strain/tendinitis/impingement; lumbar sprain/strain; bilateral wrist tendinitis and cervical radiculopathy. On 9/9/13, the patient developed pain affecting the neck, back, hand/wrist, and shoulder due to prolonged posturing in an improper chair at work. Exam results showed reduced range of motion and multiple tender points. Per handwritten notes dated 11/22/13, "patient states symptoms are unchanged; he noted more benefit with neck treatment".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ACUPUNCTURE 2 TIMES PER WEEK FOR 4 WEEKS FOR THE LUMBAR SPINE:**

Upheld

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

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

**Decision rationale:** Per the MTUS Acupuncture Guidelines pages 8-9, "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...Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented." The patient has had prior acupuncture treatment. Requested visits exceed the quantity of initial acupuncture visits supported by the MTUS Acupuncture Guidelines .There is a lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. The request is not medically necessary and appropriate.