

<b>Case Number:</b>	CM13-0072755		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Chiropractic 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 26 year old female who reported headaches, neck and low back pain from injury sustained on 08/19/13 due to cumulative trauma after being yelled by her manager. MRI of the cervical spine revealed disc desiccation at C2-3 down to C5-6; straightening of the normal cervical lordosis; multilevel disc protrusions. Patient was diagnosed with cervical musculoligamentous injury; cervical muscle spasm; lumbar musculoligamentous injury and lumbar muscle spasm. Patient was treated with medication and chiropractic. Per notes dated 10/16/13, patient complaints of intermittent severe headache; severe neck pain and stiffness were radiating to the left trapezius; severe low back pain and stiffness radiating to left leg and Final Determination Letter for IMR Case Number CM13-0072755 3 numbness and tingling. She also complains of loss of sleep due to pain; depression; anxiety and irritability. Per notes dated 11/19/13, patient complains of constant severe neck pain radiating to bilateral trapezius, constant low back pain radiating to bilateral legs. Examination demonstrated cervical and lumbar tenderness; limited range of motion with pain. Primary treating physician is requesting 2-3sessions of acupuncture for 6 weeks as an initial trial which exceeds the quantity of initial acupuncture visits supported by the cited guidelines. Utilization reviewer modified the request to 2X3 per guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2-3 SESSIONS PER WEEK FOR 6 WEEKS - LUMBAR, CERVICAL:**  
Upheld

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 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". Patient hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) "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 guidelines and review of evidence, 12-18 Acupuncture visits are not medically necessary.