

<b>Case Number:</b>	CM14-0000795		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 62 year old female who reported neck, back, and upper extremity pain from injury sustained on 4/2/12. The mechanism of injury was not provided for review. The patient was diagnosed with thoracic sprain/strain, cervical sprain/strain, cervical degenerative disc disease, wrist sprain, elbow and forearm sprain, tenosynovitis of the hand/wrist, and bilateral epicondylitis. An MRI of the cervical spine revealed three-level degeneration with bulging and foraminal narrowing. The patient was treated with medication, physical therapy, and acupuncture, but the number of acupuncture visits rendered is unknown. Previous acupuncture progress notes were not included in the medical records. Per the medical notes dated 10/1/13, the patient reports ongoing, persistent and intermittent neck pain, bilateral elbow pain, and bilateral wrist pain. She also reports numbness and tingling of the left hand and left fingers. Her cervical spine has full range of motion, with slight tenderness in the posterior paraspinal muscles. Per the notes dated 11/21/13, the patient complains of intermittent elbow pain and bilateral wrist pain with numbness and tingling in the left hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TWICE A WEEK FOR THREE WEEKS FOR THE CERVICAL SPINE:** Upheld

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

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

**Decision rationale:** Acupuncture is used as an option when pain medication is reduced and/or not tolerated. It may also be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce function improvement is 3-6 treatments, but treatments may be extended if functional improvement is documented. The patient has had prior acupuncture treatment, but there is a lack of evidence that prior acupuncture care was of any functional benefit, as acupuncture progress notes were not provided. The request is mainly for neck pain, which is reported to be intermittent; the cervical spine has full range of motion and no muscle spasms. No objective impairment was documented which would necessitate additional care. As such, the request is not medically necessary.