

<b>Case Number:</b>	CM14-0002056		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Acupuncture, has a subspecialty in Addiction Detoxification and is licensed to practice in New York. 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 applicant is a represented female, employed by [REDACTED] who has filed a claim for an industrial injury causing severe neck pain radiating bilaterally to her upper extremities, also resulting in constant headaches, blurred vision, and occasional severe migraines. Diagnosed with cervical disc degeneration. The documented date of injury is 8/8/13 where she twisted her neck to answer the phone and had immediate pain along the right side of her cervical spine. Since this incident, the applicant received conservative treatments consisting of pain, anti-anxiety, and anti-inflammatory medications, acupressure, and chiropractic care. As of 11/27/13 in the Orthopedist consultation report, the doctor states the applicant just recently began physical therapy. Before 12/6/13, date of the utilization review determination, it does not show she that received acupuncture as a course of treatment. Although the applicant has tried medications and other conservative course of treatments with somewhat limited results, the claims administrator of this report did not find it reasonable for the applicant to receive an initial trial of acupuncture therapy and did not certify such noting no indication that the client is seeking physical rehabilitation or surgical intervention for her injuries. Based on the MTUS guidelines acupuncture is warranted in conjunction with physical rehabilitation, intolerance to medication or in a program to reduce medications and to hasten recovery if surgery is necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TO CERVICAL SPINE, EIGHT VISITS:** Upheld

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

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

**Decision rationale:** After reviewing notes and records, it is evident, the applicant's response to different modalities is limited; insufficient clinical data is provided and although the Orthopedist stated the claimant just began physical therapy, again, no clinical documentation exists to determine if the applicant is currently involved in an active physical rehabilitation program or if she is intolerant of her medication and is involved in a medicine reduction program. Therefore, as noted in Acupuncture Medical Treatment Guidelines 9792.24.1. acupuncture therapy is not medically necessary.