

<b>Case Number:</b>	CM14-0002623		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/23/2013
<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 licensed in Chiropractics 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 51 year old male who reported neck and low back pain from injury sustained on 11/26/12 as he was helping a customer unload a wheelchair from a vehicle. MRI of the cervical spine revealed anteroposterior dimension of the cervical spinal cord at C4 is at the lower limits of normal. The patient was diagnosed with cervicgia and lumbar radiculitis. He has been treated with medication, chiropractic and extensive acupuncture. The patient was seen for a total of 39 acupuncture visits. Per notes dated 11/5/13, patient complains of moderate, constant, radiating pain in the neck and low back with no improvement. An examination revealed tenderness to palpation and palpable spasm over the paraspinals muscle. Range of motion was within normal limits. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE ACUPUNCTURE THERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per California 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". The patient has had 39 acupuncture treatments to date. There is 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. Per California MTUS guidelines, 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 review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.