

<b>Case Number:</b>	CM14-0107584		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/22/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 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 61 year old male who reported neck, low back and knee pain from injury sustained on 01/22/11. Mechanism of injury is not documented in the provided medical records. MRI of the lumbar spine revealed post-laminectomy syndrome and much resolved labrum radiculopathy; status post right L4-5 interlaminar decompression. Electrodiagnostic studies revealed cervical radiculopathy at C6 although C5 or C7 cannot be ruled out. Patient is diagnosed with cervicgia and cervical radiculopathy; low back pain; lumbosacral or thoracic neuritis or radiculitis. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 01/22/14, patient complains of left knee and low back pain. Medication helps to control pain. Physical therapy is helpful. Per medical notes dated 02/26/14, patient complains of left knee and low back pain. Medication helps to control pain. Pain is rated at 4/10. Examination revealed decreased lumbar and knee range of motion; paraspinal muscle spasm and left lower extremity decreased sensation. Per medical notes dated 04/29/14, patient complains of neck, low back and knee pain. Neck pain radiated to the left upper extremity with numbness and tingling. Pain is rated 5/10 and there is tenderness to palpation with spasm. The request is for retrospective acupuncture 3X2 for date of service 11/27/13- 01/15/14. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for acupuncture three times a week for two weeks cervical spine (DOS 11/27/13-1/15/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (Neck and upper back pain)>, <Insert Topic ( Acupuncture

**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 has had prior acupuncture treatment. The request is for retrospective acupuncture 3X2 for cervical spine (11/27/13-01/15/14). Per medical notes dated 01/22/14, patient complains of left knee pain and low back pain. Provided medical records do not document cervical spine symptoms. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/rendered that would substantiate a medical indication for treatment. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant treatment. Per 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 or decrease in medication intake. Furthermore Official Disability Guidelines do not recommend acupuncture for cervical spine pain. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.