

<b>Case Number:</b>	CM14-0010281		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Physical Medicine & Rehabilitation 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 63 year old female who reported neck pain from injury sustained on 12/5/12 due to repetitive neck movement as she works with a microscope. MRI of the cervical spine revealed multilevel facet arthritis and multilevel central stenosis. Patient is diagnosed with brachial neuritis; left neck myofascial pain and cervical radiculopathy. Patient has been treated with medication, physical therapy, massage therapy and acupuncture. Per notes dated 2/2/14, she presents with left sided neck pain with occasional left shoulder and arm radiation. She has undergone acupuncture, massage therapy and physical therapy with partial relief. She has numbness and tingling of left arm. She complains of left arm weakness. Acupuncture has been denied because there was no document of benefits with treatment. She had previously paid for acupuncture out of pocket and thus I do not have those records for review. She states that's she derived 10-50% relief of her pain after each session of acupuncture and the benefits lasted for several days after each treatment. After each treatment she had more range of motion and was able to do her activities of daily living with less pain. 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 additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 ADDITIONAL SESSIONS OF ACUPUNCTURE TO THE CERVICAL SPINE, 2 TIMES A WEEK FOR 6 WEEKS:** Upheld

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

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

**Decision rationale:** Per MTUS 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. There is lack of evidence that prior acupuncture care was of any functional benefit. Per progress notes, the patient had 10-50% relief of her pain after each session of acupuncture and the benefit lasted few days. Patient also reported that she had more range of motion and was able to do her ADLs with less pain. However, 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 additional treatment. Furthermore requested visits exceed the maximum quantity supported by cited guidelines as 3-6 treatment are sufficient to have functional improvement. Additional visits may be rendered if the patient has documented objective functional improvement. 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. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.