

<b>Case Number:</b>	CM14-0010414		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/29/2007
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/15/2014
<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 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:

This is a 55 y/o male patient with pain complains of the neck and headaches. Diagnoses included status post cervical fusion. Previous treatments included: cervical fusion, oral medication, physical therapy, acupuncture x6 (gain reported as "improved function, reduced medication intake and reduced symptoms"), and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture x12 was made on 01-08-14 by the PTP. The requested care was modified on 01-15-14 by the UR reviewer to approve eight sessions and non-certifying four sessions. The reviewer rationale was "it was documented with prior acupuncture x6 reduction of symptoms (pain), reduction of medication intake and increase of function, therefore additional acupuncture x8 is consistent with the guidelines. Acupuncture x12 exceeds the guidelines, consequently is not medically and necessary".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 X 6 CERVICAL ACUPUNCTURE TWICE A WEEK FOR 6 WEEKS TO THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNTURE MEDICAL TREATMENT GUIDELINES, ,

**Decision rationale:** Based on the records reviewed, the patient underwent acupuncture x6 in the past with reported symptom reduction, medication intake reduction and function-ADLs improvements. As the patient continued significantly symptomatic, additional acupuncture for pain management and function improvement was reasonable and supported by the MTUS. The MTUS note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments therefore the additional acupuncture x12 requested by the PTP without documenting extraordinary circumstances to support such request is seen as excessive, not supported by the guidelines for medical necessity.