

<b>Case Number:</b>	CM14-0018131		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Chiropractic, 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 54 year old female who reported neck and back pain from injury sustained on 01/28/13 due to a fall. An MRI of the lumbar spine revealed L4-5 degenerative disc disease and L3-4 disc desiccation. An MRI of the thoracic spine revealed mild degenerative disc disease. An MRI of the cervical spine revealed C4-5 disc degeneration, C6-7 fusion and CC5-6 foraminal stenosis. The patient was diagnosed with cervical spinal stenosis; cervical sprain/strain; lumbosacral sprain/strain; cervical degenerative disc disease and lumbar degenerative disc disease. The patient was treated with medication and acupuncture. Patient was seen for a total of 12 visits. The patient reported symptomatic improvement for the first 12 visits but lack of functional improvement. Per a note dated 11/4/13, the patient reported some improvement with acupuncture treatment. Pain in the neck and upper extremity is rated at 4-8/10 with radiation to all 5 fingers, more on the left. Low back and mid back pain radiates to bilateral legs, more on the left and is rated at 3-6/10. Per notes dated 01/10/14, the patient is taking 2 Vicodin per day. Most of her neck complaints have been resolved. She has pain in the back and left leg which gets worse going up and down the stairs. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ACUPUNCTURE MINIMUM OF 8 UNTIL NEEDED FOR THE CERVICAL SPINE:**

Upheld

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

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

**Decision rationale:** Per the MTUS Acupuncture Guidelines, "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 prior acupuncture treatments. There is a 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 a review of evidence and the MTUS Guidelines, the request is not medically necessary and appropriate.