

<b>Case Number:</b>	CM14-0112045		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/22/2004
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 a licensed Chiropractor, has a subspecialty 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:

The patient is a 51-year-old female with a date of injury of 10/22/2004. According to the 4/18/2014 report, the patient complained of dull and aching pain in the cervical spine with radiation to the upper extremities and arm. The patient rated the pain level at 5/10. The patient noted that the pain was exactly the same or worse from the previous exam. It was noted that cold weather worsens the pain. Activities of daily living that were limited due to this injury were sleeping. Significant objective findings included limited range of motion in the cervical spine, cervical paraspinal muscle tenderness, positive Spurling's test, and diminished sensation over C6 dermatome. The patient was diagnosed with cervical spine strain and cervical radiculopathy of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture (unspecified quantity, duration):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM chapter 4.

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

**Decision rationale:** The Acupuncture Medical Treatment Guideline states that acupuncture may be extended if there is documentation of functional improvement as defined in section 9792.20(f). The patient completed at least 12 acupuncture sessions. Six acupuncture sessions were completed on 3/31/2014 and the remaining 6 sessions were completed on 5/12/2014. The patient reported that there was tremendous alleviation of pain from acupuncture care. However, there was no evidence of objective functional improvement gained from prior acupuncture sessions. In addition, the provider noted that the patient needs a second opinion spine surgery due to reoccurring recalcitrant symptomatology and increased pain. Therefore, based on the lack of documentation of functional improvement, the provider's request for 9 additional acupuncture sessions is not medically necessary at this time.