

<b>Case Number:</b>	CM14-0126814		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 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 51 year old female who reported neck, left elbow and left hand pain from injury sustained on 05/10/11 due to cumulative trauma. MRI of the cervical spine revealed multilevel degenerative changes most notable at C4-5, C5-6 and C6-7 with moderate central stenosis. The patient is diagnosed with Cervicalgia, degenerative disc disease with radiculopathy and left shoulder impingement. She has been treated with medication, physical therapy, epidural injection, chiropractic and acupuncture. Per medical notes dated 05/14/14, the patient complains of neck pain down to the arms. She states pain is worse with working and better with medication. Examination revealed decreased range of motion and tenderness along the AC joint. Per medical notes dated 07/09/14, the patient has now been back to work fulltime for the past 6 weeks. She does notice that some achiness in her head and neck has returned but does not have the same degree of pain she was experiencing before. Overall the symptoms are tolerable. The patient was previously referred for acupuncture; however this was cancelled because the patient is reached maximum medical improvement. The provider is requesting additional 12 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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:

**Twelve (12) additional acupuncture visits:** 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) Neck and Upper back, 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". The patient has had prior acupuncture treatment. The provider is requesting additional 12 acupuncture treatments. The number of completed visits is unknown and there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. 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 or decrease in medication intake. Furthermore official disability guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, additional 12 acupuncture treatments are not medically necessary.