

<b>Case Number:</b>	CM14-0127589		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/25/2014
<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 a licensed Chiropractor and Acupuncturist 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 33 year old female who reported neck and low back pain from injury sustained on 05/31/13. Mechanism of injury was not documented in the provided medical records. Electrodiagnostic studies of the upper extremity were unremarkable. Patient is diagnosed with chronic cervical spine sprain/strain with non-verifiable radiculopathy and chronic lumbar spine sprain/strain with 5mm disc out of place in the lumbar spine by MRI at L4-5. Patient has been treated with medication, trigger point injection and acupuncture. Per medical notes dated 06/23/14, patient complains of neck pain and low back pain. Examination revealed limited range of motion of the cervical and lumbar spine. Tenderness to palpation of muscles at the back of the neck extending to upper thoracic between the upper shoulder blades is noted. She also has tenderness to palpation of the muscles across the lower lumbar with some muscles spasms to the left. Provider is requesting 12 acupuncture treatments. Per utilization review patient has had prior acupuncture treatment; however, 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:

**Acupuncture 2 times 6 sessions QTY: 12: Upheld**

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

**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". Per utilization review, the patient has had prior acupuncture treatment. Previous acupuncture notes were not included in the medical records for review. 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, 2x6 acupuncture treatments are not medically necessary.