

<b>Case Number:</b>	CM14-0133859		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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 46 year old female who was injured on 02/16/2010. The mechanism of injury is unknown. Prior treatment history has included 4/6 physical therapy sessions which made her pain worse. Prior medication history included Ibuprofen and Sudafed. Diagnostic studies reviewed include MRI of the cervical spine dated 01/04/2013 revealed degenerative disk disease at C4-5 with a mild disk bulge that contacts the ventral cord without significant central canal stenosis; mild left neural foraminal stenosis at C6-7 due to uncovertebral joint hypertrophy; and degenerative disk disease at C5-6 with a small left paracentral disk protrusion with end-plate osteophytes at C5-6. Progress report dated 06/18/2014 documented the patient to have complaints of left-sided neck pain and posterior neck pain. She reported right shoulder symptoms as well. Her neck pain radiates into the posterior left shoulder. Her rotation is limited when turning to the left side but she continues to stretch daily. On exam, there is mild tenderness in the midline, moderate tenderness over the left trapezius. Range of motion revealed flexion is 40, 40, 39; extension is 30, 32, 34; lateral bending on the right is 30, 32, 32; on the left is 35, 35, 34; Right rotation is 70 and left rotation is 60. Subacromial tenderness is present in the right shoulder. The patient is diagnosed with neck sprain/strain. The patient was recommended for acupuncture therapy. Prior utilization review dated 07/24/2014 states the request for Acupuncture, 6 visits, cervical spine is not certified as it is not medically established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 6 visits, cervical spine:** 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)

**Decision rationale:** The above ODG guidelines for acupuncture of the Neck and Upper Back states "Under study for upper back, but not recommended for neck pain. Despite substantial increase in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven." In this case, note from 6/18/14 states "working diagnosis is cervical spine sprain/strain," which again is not recommended by the above guidelines. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.