

<b>Case Number:</b>	CM14-0138757		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/08/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Chiropractic, 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 injured worker is a 46 year old female who reported neck pain from injury sustained on 12/08/12. Mechanism of injury was not documented in the provided medical records. MRI of the cervical spine revealed large C5-6 and C6-7 disc herniation. Patient is diagnosed with cervical disc herniation, C5-6 and C6-7 with myeloradiculopathy and status post ACDF C5-7 (10/17/13). Patient has had 8 acupuncture treatments. Per medical notes 06/16/14, the patient has improved, pain is rated at 4/10. She is doing well overall. Examination revealed minimal cervical tenderness and decreased range of motion. Per medical notes dated 07/08/14, patient has completed 8 acupuncture treatments and is experiencing function improvement in her neck, right trapezius and right upper extremity. Pain is reduced from 9/10 to 6/10; decrease in frequency from constant to intermittent; increase in range of motion and ADLS. She is experiencing less difficulty in attending to personal matters, grooming, household chores, dressing, cooking and other daily activities. Provider is requesting additional 12 acupuncture treatments which have been modified to 8 by the utilization reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture , Cervical Spine (quantity 12): Upheld**

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

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

**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". Patient has had prior acupuncture treatment. Per medical notes dated 07/08/14, patient has completed 8 acupuncture treatments and is experiencing function improvement in her neck, right trapezius and right upper extremity. Pain is reduced from 9/10 to 6/10; decrease in frequency from constant to intermittent; increase in range of motion and ADLS. She is experiencing less difficulty in attending to personal matters, grooming, household chores, dressing, cooking and other daily activities. Provider is requesting additional 12 acupuncture treatments which have been modified to 8 by the utilization reviewer. Per guidelines 3-6 acupuncture treatments are sufficient to have functional improvement; 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. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.