

<b>Case Number:</b>	CM14-0139076		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/21/2014
<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 Board Certified in Acupuncturist and is licensed to practice in Florida. 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 42-year-old female that suffered from an industrial injury on 9/18/13. The diagnosis on 7/18/14 was: Cervical spinal spondylosis without myelopathy; cervical radiculopathy/neuralgia/neuritis; degenerative cervical spine/disc/facet disease; severe neck and left arm pain; and failed conservative therapies for pain control (i.e. pt., chiropractic treatments, home exercise program, NSAIDs and muscle relaxants). The patient also had 2 cervical epidermal shots that gave her 50% relief of her pain symptoms for approximately 6 weeks. The records also indicate there are prescriptions for Celebrex and Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture times 8:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment for Workers' Compensation (TWC), Neck and Upper Back (Acute and Chronic), Acupuncture and Trigger Point Injections

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

**Decision rationale:** As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be

used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. After reviewing 231 pages of documentation, Acupuncture is recommended in combination with a conditioning program of aerobic and strengthening exercises. Therefore, a trial of 4 visits over a 2-week period is recommended for this patient.