

<b>Case Number:</b>	CM14-0156463		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	12/31/2005
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Chiropractic and 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 53 year old female who reported neck, low back, elbow, and wrist pain from injury sustained on 01/13/02. Per medical notes, date of injury is reported in 2001 when she work up with arm pain, 2005 she woke up with neck pain and was not able to move her neck and 2006 when after the cervical fusion, she was unable to move her toes. Patient is diagnosed with lumbar radiculopathy, cervical radiculopathy, elbow pain and carpal tunnel syndrome. Patient has been treated with lumbar laminectomy (2010); status post left ulnar nerve surgery; status post cervical fusion (2006); epidural injections; medication and physical therapy. Per medical notes dated 07/16/14, patient complains of low back pain radiating to bilateral legs. Pain level has remained unchanged since last visit. Quality of sleep is poor. Her activity level has remained the same. Examination revealed restricted range of motion of the cervical and lumbar spine with tenderness to palpation of the paravertebral muscles. Per medical notes dated 08/25/14, patient complains of chronic low back pain with radiating symptoms into lower extremity. She also complains of neck, right hand and bilateral hip pain. Examination revealed decreased cervical and lumbar spine range of motion and tenderness to palpation of the paravertebral muscles. Primary treating physician requested initial trial of 12 acupuncture treatments which were modified to 6 by the utilization reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Acupuncture sessions:** 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 not had prior Acupuncture treatment. Provider requested initial trial of 12 acupuncture treatments which were modified to 6 by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.