

<b>Case Number:</b>	CM14-0159147		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	05/25/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Pain Management 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 65-year-old male who sustained an injury on 5/25/13. As per 7/29/14 report, he presented with neck and low back pain rated at 7-8/10 without medication. While working on modified duty which he had started doing with medication the pain was reduced to 6-7/10. An examination revealed decreased range of motion (ROM) in the cervical and lumbar spine and positive straight leg raising (SLR) on the left with decreased sensation to light touch on the left lower extremity. Magnetic resonance imaging (MRI) of the cervical spine dated 01/25/14 revealed multilevel degenerative disc disease; the most significant at C3-C4 and C4-C5. Magnetic resonance imaging (MRI) of the thoracic spine revealed multilevel degenerative disc disease with disc desiccation at C7 through T1 down to T12 to L1. Magnetic resonance imaging (MRI) of the lumbar spine revealed multilevel degenerative disc disease. He is currently on ketoprofen and Prilosec. He previously had cervical epidurals. The request for 6 sessions of acupuncture was initially denied on 9/4/14 but later it was approved on 9/5/14 after a peer-review with the requesting physician who advised that the injured worker had 6 previous spine acupuncture sessions but not for the neck. In the past, acupuncture has allowed a reduction in pain medications and enhanced functional independence and ability to perform activities of daily living and that the goal now is to perform 6 sessions to the neck and he will continue with active therapy and reduce the intake of medication. It was also reportedly documented that acupuncture treatments were giving him significant therapeutic benefits decreasing his need for oral medications. Diagnoses include herniated nucleus pulposus; cervical, lumbar discopathy, lumbar radiculopathy, upper extremity radiculopathy, musculoligamentous injury of lumbosacral, cervical and thoracic, anxiety and depression secondary to chronic pain. The request for Acupuncture 2xwk X 3wks cervical spine was denied on 9/4/14.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 2xwk X 3wks Cervical Spine:** Overturned

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

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

**Decision rationale:** "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 hasten functional recovery. Frequency and duration of acupuncture may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, there is evidence of functional improvement and reduction in pain medications with prior treatments. The injured worker is noted to be working on modified duty work; acupuncture has enhanced functional independence. Therefore, the medical necessity of the request for 6 additional acupuncture treatments is established.