

<b>Case Number:</b>	CM14-0166472		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	06/24/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 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 55 year old male who reported neck pain from injury sustained on 06/24/11 due to cumulative trauma. X-rays of the cervical spine revealed chronic degenerative changes and congenital fusion of C2-3. MRI of the cervical spine revealed non-segmentation of C2 and C3. The patient is diagnosed with cervical spine sprain/strain and cervicgia. The patient has been treated with medication, acupuncture and physical therapy. Per medical notes dated 03/18/14, patient has been receiving some acupuncture and finds that this gives him temporary relief. He finds it very difficult to move his neck because of discomfort. He has no radiating pain down the arms. Pain is almost constant in spite of the fact that he is currently receiving acupuncture. Per medical notes dated 07/22/14, the patient complains of neck pain. Examination revealed decreased range of motion with most pain on extension, lateral bending and rotation. Acupuncture is very helpful and reduces his pain from 7/10 to 3/10 for several days or longer. Per medical notes dated 09/08/14, the patient reports that he is worse and has constant pain in the neck and occasional sown the right arm from neck to the right thumb, index and middle finger. Pain increases to 8/10 at times and decreases to 4-5/10. Examination revealed decreased cervical spine range of motion and tenderness to palpation over the paracervical and trapezius muscles. The provider requested additional 24 acupuncture treatments which were modified to 3 treatments by the utilization reviewer. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Acupuncture visits, 2 times per month for 12 months for the 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) Neck, Acupuncture

**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". The patient has had prior acupuncture treatment. Per medical notes dated 03/18/14, patient has been receiving acupuncture and finds that this gives him temporary relief; pain is almost constant in spite of the fact that he is currently receiving acupuncture. Per medical notes dated 07/22/14, acupuncture is very helpful and reduces his pain from 7/10 to 3/10 for several days or longer. Per medical notes dated 09/08/14, the provider requested additional 24 acupuncture treatments which were modified to 3 treatments by the utilization reviewer. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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. Requested visits exceed the quantity supported by cited guidelines. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, 24 acupuncture treatments are not medically necessary.