

<b>Case Number:</b>	CM14-0169308		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 a licensed Chiropractor & Acupuncturist, 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, right shoulder and knee pain from injury sustained on 06/04/13. Patient was riding a [REDACTED] for business purposes when he was involved in an accident. MRI of the knee revealed horizontal tear of posterior horn of medial meniscus. Patient is diagnosed with C7 fracture; fracture of distal fibula; and shoulder pain. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 08/05/14, patient is following up for cervical spondylolisthesis and cervical radiculopathy in the dermatomes of C5/6/7. He has a distal fracture of the left ankle with osteoarthritis of the right knee. Shoulder pain is rated at 4/10, cervical spine pain 3/10 and right knee pain 5/10. Per medical notes dated 09/22/14, patient complains of right shoulder, neck and knee pain. Patient completed 6 sessions of acupuncture and with this his headaches resolved. Pain went down by 50% and then he started physical therapy for right shoulder and it brought the headaches back with worse pain and now feels worse. He has difficulty turning his neck. Provider requested additional 2X4 acupuncture sessions 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:

**Acupuncture 2x week for 4 weeks 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 rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines pages 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 09/22/14, patient complains of right shoulder, neck and knee pain. Patient completed 6 sessions of acupuncture and with this his headache resolved. Pain went down by 50% and then he started physical therapy for side and it brought headaches back with worse pain and now feels worse. Provider requested additional 2X4 acupuncture sessions which were modified to 6 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. 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. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.