

<b>Case Number:</b>	CM14-0173650		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	01/29/2002
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 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 47 year old female who reported bilateral shoulder, left hip, left upper arm and left arm, left wrist, upper and low back, neck and left knee pain from injury sustained on 01/29/02. Mechanism of injury is not documented in the provided medical records. MRI of the lumbar spine dated 07/08/13, mild intervertebral disc without neural compression at L2-S1. Bilateral lower extremity EMG/NCV was normal. . Patient is diagnosed with myofascial pain syndrome, neck pain, low back pain, and left knee pain, left hip pain, lumbar degenerative disc disease and bilateral shoulder pain. Patient has been treated with status post shoulder surgery, medication, physical therapy, and acupuncture. Per medical notes dated 08/06/14, patient complains of neck, back, shoulder, right upper extremity, left arm, wrist, left knee and left hip pain. She feels as though acupuncture decreases her pain by over 60%. She has decreased headaches, insomnia and fatigue. She has been having a lot more neck pain, headaches and dizziness recently and is not sure why. Pain with medication is 3/10 and without medication is 7/10. Per medical notes dated 09/03/14, she has been having a lot of neck pain, headaches and dizziness recently. Pain with medication is 3/10 and pain without medication is 7/10. She has achiness and burning neck pain, pain in left side of her head, traps and shoulder. Per medical notes dated 10/01/14, patient reports 60% improvement in her low back pain with acupuncture. Provider requested 6 acupuncture sessions for her neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for Neck QTY: 6.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 13. Decision based on Non-MTUS Citation ODG Acupuncture Guidelines

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck pain, 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". Patient has had prior acupuncture treatment. Per medical notes dated 10/01/14, patient reports 60% improvement in her low back pain with acupuncture. Provider requested 6 acupuncture sessions for her neck pain. 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. Official Disability Guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, 6 acupuncture treatments for neck pain are not medically necessary.