

<b>Case Number:</b>	CM14-0183460		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	11/13/2013
<b>Decision Date:</b>	12/25/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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, has a subspecialty 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 patient is a 29-year-old male with a date of injury of 11/13/2013. According to the progress report dated 10/02/2014, the patient complained of intermittent moderate sharp neck pain and stiffness radiating to the bilateral upper extremity with numbness and tingling. In addition to the neck pain, the patient complained of upper, mid back, and low back pain. The low back pain was described as intermittent sharp pain and stiffness with numbness and tingling. Significant objective findings include tenderness in the bilateral upper trapezii, cervical paravertebral, thoracic paravertebral, and lumbar paravertebral muscles. Shoulder depression causes pain bilaterally; Kemp's test causes pain and positive straight leg raise bilaterally. Lasegue test was positive bilaterally at 60 degrees. The patient was diagnosed with cervical radiculopathy, cervical sprain/strain, thoracic sprain/strain, lumbar radiculopathy, lumbar sprain/strain, anxiety, and depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture: infrared therapy:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guideline recommends acupuncture for chronic pain. It recommends an initial trial of 3-6 visits with a frequency of 1-3 visits over 1-2 months to produce functional improvement. Records dated 1/17/2014 indicate that the provider requested a course of acupuncture 2 times a week for 4 weeks. Based on the submitted medical records, there was no evidence that the patient completed any acupuncture sessions. Therefore, a trial may be medically necessary. Additional acupuncture may be warranted if there is documentation of functional improvement from the initial acupuncture trial. Based on the submitted documents and evidenced based guidelines, the provider's request for 8 acupuncture sessions is not medically necessary at this time. The provider's request exceeds the guidelines recommendation for an initial trial.

**Acupuncture with stimulation 15 minutes and additional Acupuncture with stimulation additional 15minutes, 8 visits thoracic, lumbosacral, neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition Acupuncture

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

**Decision rationale:** The Acupuncture Medical Treatment Guideline recommends acupuncture for chronic pain. It recommends an initial trial of 3-6 visits with a frequency of 1-3 visits over 1-2 months to produce functional improvement. Records dated 1/17/2014 indicate that the provider requested a course of acupuncture 2 times a week for 4 weeks. Based on the submitted medical records, there was no evidence that the patient completed any acupuncture sessions. Therefore, a trial may be medically necessary. Additional acupuncture may be warranted if there is documentation of functional improvement from the initial acupuncture trial. Based on the submitted documents and evidenced based guidelines, the provider's request for 8 acupuncture sessions is not medically necessary at this time. The provider's request exceeds the guidelines recommendation for an initial trial.