

<b>Case Number:</b>	CM14-0022685		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/09/1990
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 50 year old male who reported neck pain from injury sustained on 11/9/90. MRI of the cervical spine revealed uncovertebral arthropathy at C3/4 and C4/5 and facet arthropathy at C7-T1. NCV and EMG were normal. The patient is diagnosed with Cervicalgia, chronic neck pain due to trauma, myalgia and myositis. The patient has been treated with C5-C6 anterior cervical discectomy and fusion; facet injection; medication; physical therapy; epidural injections. Per notes dated 8/8/13, "he has had no chiropractic or acupuncture since his last surgery". "He is now off of all opioids due to illicit drug use". "We will request a trial of acupuncture for his axial spine and myofascial pain". Per notes dated 11/21/13, patient complains of upper back and neck pain described as achy, numb, sharp, shooting and stabbing. Symptoms are aggravated by changing position. Pain is rated at 7/10. Examination revealed decreased range of motion and tenderness to palpation. Primary treating physician is requesting a trail of 6 acupuncture visits which is within cited guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX SESSIONS OF ACUPUNCTURE:** Overturned

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

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

**Decision rationale:** Per California 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 hasn't had Acupuncture treatment since his last surgery. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Requested visits are supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. California MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 6 acupuncture visits are medically necessary.