

<b>Case Number:</b>	CM14-0024939		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/29/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Neurological Surgery 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 58-year-old female who was reportedly injured on January 29, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 7, 2014, indicated that there were ongoing complaints of neck pain radiating to the right shoulder. It was stated that acupuncture as well as oral medications were helpful. The physical examination demonstrated tenderness in the right paracervical area and slightly decreased cervical range of motion. A neurological examination of the upper extremities was found to be within normal limits. Diagnostic imaging studies objectified mild stenosis at C5-C6 and C6-C7. Previous treatment included twelve visits of physical therapy and 36 visits of acupuncture. A request had been made for an additional eight visits of acupuncture and was not certified in the pre-authorization process on February 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL ACUPUNCTURE 1X8 FOR THE NECK (FOR A TOTAL OF 44 VISITS FOR THE LIFE OF THE CLAIM): Upheld**

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

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

**Decision rationale:** According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The most recent medical record, available for review, dated January 7, 2014, states that oral pain medications are working well and it is not stated that these medications are reduced or not tolerated. Additionally, there is no objective statement stating there was significant improvement from the previous acupuncture rendered. For these multiple reasons, this request for eight additional visits of acupuncture is not medically necessary.