

<b>Case Number:</b>	CM14-0027275		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Internal Medicine 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 24-year-old female who sustained an injury to her neck on 06/20/12. The mechanism of injury was not documented. MRI of the cervical spine dated 03/09/13 revealed no significant incidental findings. Physical examination noted avoidance of performing work in overhead positions secondary to pain; range of motion described as being limited; grip strength diminished on the right. An EMG of the bilateral upper extremities dated 02/15/13 revealed no electrodiagnostic evidence of right cervical axonal motor radiculopathy, right brachioplexus neuropathy, right upper extremity localized ulnar or radial sensory motor neuropathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ACUPUNCTURE 1XWK X 6WKS (6) CERVICAL SPINE: Upheld**

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

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

**Decision rationale:** The request for acupuncture 1xwk x 6wks (6) cervical spine is not medically necessary. The previous request was denied on the basis that there was no summary of previous conservative treatment. There were no acupuncture therapy notes provided for review that would indicate the amount of acupuncture therapy visits the injured worker has completed to date

and/or the injured worker's response to any previous conservative treatment. The California Medical Treatment Utilization Schedule states that 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. Given the clinical documentation submitted for review, medical necessity of the request for acupuncture 1xwk x 6wks (6) cervical spine has not been established.