

<b>Case Number:</b>	CM14-0028912		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	01/23/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 spinal surgery, has a subspecialty in Orthopedic Surgery, and is licensed to practice in New York. 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 has chronic neck pain and low back pain and right upper extremity pain. The patient had 2 sessions of acupuncture. The physical exam shows reduced range of neck motion with tenderness over the neck. Spurling sign causes pain that radiates to the upper extremity. Reflexes are normal. The right shoulder examination shows restricted range of motion in the right shoulder. The patient is diagnosed with chronic cervical pain and mood disorder. There is no documentation of significant functional improvement with acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ADDITIONAL ACUPUNCTURE 2X6 CERVICAL SPINE:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG neck pain chapter.

**Decision rationale:** No guidelines support a trial of acupuncture for 36 sessions. An extension beyond the initial try requires documentation of significant objective functional improvement. This patient has had prior acupuncture treatments in the total number sessions do not disclose. In

addition it does not disclose whether or not the patient has had significant functional improvement with acupuncture. The medical records indicate that despite extensive treatment the patient's symptoms are now increased. Therefore, additional acupuncture for the cervical spine is not medically necessary.

**REFER TO VASCULAR SURGEON FOR RE EVALUATION OF BILATERAL CERVICAL RIB RESECTION VASCULAR SURGERY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: shoulder pain.

**Decision rationale:** The patient had a vascular surgeon evaluation with documentation that there is no indication for cervical rib resection. Therefore, the referral to vascular surgeon for a re-evaluation of bilateral cervical rib resection vascular surgery is not medically necessary.