

<b>Case Number:</b>	CM14-0029411		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/22/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 71-year-old male with a reported date of injury on 11/22/2012. The mechanism of injury was a motor vehicle accident. The injured worker presented with neck and low back pain, rated at 7-8/10. Upon physical examination, the injured worker presented with midline cervical tenderness in the C6-7 area. Spurling's maneuver was negative and bilateral trapezius tenderness was present. In addition, the upper extremity reflex, motor, and sensory testing was intact. Upon examination of the lumbar spine, there was paraspinal muscle tenderness in the L1 through L5 distribution. The injured worker's lumbar range of motion revealed flexion to 25 degrees, extension to 15 degrees, bilateral tilt to 20 degrees, and reflex, motor, and sensory testing to the lower extremities was documented as intact. The lumbar spine x-rays dated 04/12/2013 revealed chronic longstanding disc space narrowing with osteophyte narrowing. The MRI of the lumbar spine dated 07/06/2013 revealed diffuse disc bulge, 2-3 mm, at L4-5, 3-4 mm disc bulge at L5-S1, and degenerative disc disease at L1 through S1. The EMG/NCS of the bilateral lower extremities dated 07/15/2013 was negative for lumbar radiculopathy. The cervical spine MRI dated 07/20/2013 revealed minimal to mild degenerative changes at C3-4 and C5-6. Documentation indicates the injured worker previously participated in physical therapy, aquatic therapy, and acupuncture, the results of which were not provided within the clinical information available for review. The injured worker's diagnoses included ligamentous low back sprain with right radiculopathy, chronic longstanding disc space narrowing, and left shoulder and deltoid contusion. The injured worker's medication regimen was not provided within the documentation available for review. The request for acupuncture, neck 2x per week x 3 weeks and UDS was submitted on 03/05/2014. The rationale for the request was not provided within the documentation available for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, Neck 2x week x 3 weeks:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The Guidelines recommend that the time to produce functional improvement would be 3 to 6 treatments, frequency of 1 to 3 times per week, with an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. According to the clinical information provided for review, the injured worker has previously participated in acupuncture, the results of which were not provided within the documentation available for review. The injured worker's medication regimen was not provided within the clinical information available for review. There is a lack of documentation related to pain medication reduction or intolerance and the adjunct use of physical therapy or surgical intervention to hasten functional recovery. There is a lack of documentation related to the number of previous acupuncture treatments and the functional improvements related to those treatments. Therefore, the request for additional 6 sessions of acupuncture exceeds the recommended Guidelines. Therefore, the request for Acupuncture, Neck 2x week x 3 weeks is not medically necessary.

**UDS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state the ongoing management of opioid use should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, the Guidelines recommend the use drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. The injured worker's medication regimen was not provided within the documentation available for review. The injured worker's current use of opioids and the doctor's concern for misuse of medications or abuse, addiction, or poor pain control was not documented within the clinical information available for review. The rationale for the request was not provided within the documentation provided for review. Therefore, the request for UDS is not medically necessary.

