

<b>Case Number:</b>	CM14-0030427		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/20/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 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 44 year old female who reported neck and low back pain from injury sustained on 06/20/11 while holding up a patient. Radiographs of the cervical and thoracic spine were compatible with prior interbody fusion from C6-T4 and multilevel degenerative changes. EMG/NCV studies reveal severe bilateral carpal tunnel syndrome affecting sensory and motor component; mild C6-7 radiculopathy and ulnar and radial entrapment neuropathy. The patient is diagnosed with cervical spine sprain/ strain; lumbosacral sprain/ strain; cervical spondylosis; chronic pain syndrome; carpal tunnel syndrome and Pott's disease. The patient has been treated with medication, C5-T4 fusion surgery, epidural injection, physical therapy and acupuncture. Per medical notes dated 01/08/14, patient reported neck and low back pain rated at 8-9/10. Pain interferes with sleep. Per notes dated 04/03/14, "in December 2013 the patient began acupuncture to the neck and low back which she states is of temporary benefit". Per medical notes dates 06/06/14, she continues to complain of moderate to severe pain in her neck. She has been recommended for possible cervical spine surgery as it appears she may have a broken screw in her neck. She indicates her left hand is usually colder than the right and has numbness bilaterally. Primary treating physician is requesting 18 additional acupuncture sessions. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The patient hasn't had any long term symptomatic or functional relief with acupuncture care. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3 times a week for 6 weeks for the lumbar spine and neck:** Upheld

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

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

**Decision rationale:** Per the MTUS Acupuncture Guidelines, "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 has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Furthermore, the requested visits exceed the quantity supported by the MTUS Acupuncture Guidelines. As such, the request is not medically necessary and appropriate.