

<b>Case Number:</b>	CM14-0037437		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/04/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 & Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 62-year-old gentleman was reportedly injured on August 4, 2008. The mechanism of injury is pulling the left shoulder and neck while closing the refrigerator door. The most recent progress note, dated June 24, 2014, indicates that there are ongoing complaints of neck pain radiating to the upper extremities. Current medications include Norco, Relafen, Colace, Robaxin, and Lyrica. The physical examination demonstrated a normal neurological examination with good strength in the upper and lower extremities. Diagnostic imaging studies of the cervical spine revealed multilevel spondylosis and facet arthropathy worst at C6 - C7 which likely impinges the exiting C7 nerve roots. Nerve conduction studies of the left upper extremity revealed a left ulnar neuropathy across the elbow and the wrist. Previous treatment includes acupuncture, home exercise, and a cervical spine epidural steroid injection on the left side at C6. A request had been made for acupuncture and was not certified in the pre-authorization process on March 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Quantity: 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 13.

**Decision rationale:** The California MTUS Guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. The medical record does not indicate that the injured employees currently medications have been reduced or are not tolerated. Additionally, during prior acupuncture, there was no reported reduction of pain medication usage. For these reasons, this request for six visits of Acupuncture is not medically necessary.