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| <b>Case Number:</b>   | CM14-0062740 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 02/25/2013 |
| <b>Decision Date:</b> | 10/09/2014   | <b>UR Denial Date:</b>       | 04/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/05/2014 |

### 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, has a subspecialty in Addiction Detoxification 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 applicant is a male employee who has filed an industrial claim for cervical and lumbar spine injury associated with upper extremity pain that occurred on 2/25/13. Mechanism of injury is unspecified in the records reviewed. Currently the patient complains of intermittent pain in his cervical spine with radiculopathy to his right shoulder; repetitive head and neck movements aggravates the pain. He suffers with constant low back pain associated with muscle spasms and radicular pain; repetitive bending and stooping or prolonged sitting aggravates the pain. The treating physician requested six additional sessions of acupuncture to treat his pain and to reduce some of his symptoms. The applicant remains on modified work duty with restrictions to date. The applicant's diagnosis consists of cervical, thoracic, and lumbar, sprain with radiculopathy in upper extremity and digit. Additional diagnoses consist of left index finger fracture, cervical and lumbar spine disc bulge, left eye contusion and headaches. His treatment to date includes, but is not limited to, physical therapy, multiple MRI's of multiple body parts, X-rays, home exercise program, and oral and topical pain and anti-inflammatory medications. In the utilization review report, dated 4/03/14, the UR determination did not approve the six sessions of acupuncture, but did approve a modified number of four visits to use within a three-week period. The advisor notes acupuncture, in this case, is an ancillary technique to diminish discomfort and help the claimant pursue a more aggressive exercise program and to diminish his medication. Based on MTUS, the advisor determined this would be an initial trial of acupuncture in order to produce functional improvement for the claimant, hence the certification of four, not six, visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two (2) times a week for three (3) weeks for the Lumbar Spine and Cervical Spine (Total: 6 visits): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Education/Exercise.

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

**Decision rationale:** Evaluating a request for additional acupuncture is based on the MTUS recommendations for acupuncture, which includes the definition of "functional improvement". As of June 2014, the applicant had received an initial round of acupuncture care of at least six visits approved based on these guidelines. As of June, 2014, the claimant continues with increased severe low back pain with radiating symptoms to his bilateral lower extremities associated with numbness, tingling, and severe neck pain. Noted the acupuncture helped temporarily. Medical necessity for any further acupuncture treatments is in light of "functional improvement". After combing through provided medical records it is evident, the treating physician neglected to provide clinically significant improvement in the applicant's daily living or a reduction in work restrictions. To note, his work status did not change due to this course of treatment. Therefore, these additional six sessions of acupuncture therapy is not medically necessary based on the lack of functional improvement, as defined by MTUS.