

<b>Case Number:</b>	CM14-0067286		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/16/2010
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 licensed in Chiropractic and 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 56-year-old male who reported neck, low back, bilateral wrist and bilateral foot pain from injury sustained on 03/16/10 due to cumulative trauma. MRI (2013) of the cervical revealed multilevel degenerative disc disease with 2mm disc protrusion at C4-5, 2mm disc protrusion at C5-6 and 2mm disc protrusion at C6-7. MRI of the thoracic spine was unremarkable. MRI of the lumbar spine revealed 4mm disc bulge at L3-4, L2-3; 3mm disc bulge at L5-S1 and 5mm disc protrusion at L4-5. Patient is diagnosed with cervicalgia, lumbago, pain in thoracic spine, degenerative disc disease of the lumbar and cervical spine. Per medical notes dated 12/30/13, patient complains of intermittent bilateral wrist pain and constant upper and low back pain, constant bilateral foot pain. Patient is recommended for surgical treatment for his bilateral foot complaints. Per medical notes dated 03/21/14, patient complains of constant low back, mid back and neck pain. Per medical notes dated 06/13/14, patient complains fo neck and low back pain, everything is the same. Pain has continues without changes. Examination revealed restricted and painful range of motion of the cervical spine. Lumbar spine flexion is limited with pain. Provider requested initial trial of 4 acupuncture sessions for the lumbar and cervical spine which were modified to 4 sessions for lumbar spine only due to guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture four trial visits for neck QTY: 4: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Page 8-9. "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". Per ODG guidelines: for neck pain: Under study for upper back, but not recommended for neck pain. Despite substantial increases in its popularity and use, the efficacy of acupuncture for chronic mechanical neck pain still remains unproven. Acupuncture reduces neck pain and produces a statistically, but not clinically, significant effect compared with placebo. Patient has not had prior Acupuncture treatment. Provider requested a trial of 4 acupuncture sessions for lumbar spine and cervical spine which was modified to 4 acupuncture sessions for lumbar spine only. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. The initial request is within guidelines; however, ODG guidelines do not recommend acupuncture for the cervical spine. Per guidelines and review of evidence, 4 sessions of Acupuncture for cervical and lumbar spine are not medically necessary.