

<b>Case Number:</b>	CM14-0077702		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Preventative Medicine, 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:

According to the records made available for review, this is a 59-year-old male with a 11/20/12 date of injury is status post anterior cervical discectomy and fusion as of 1/29/13, status post cervical hardware revision as of 7/18/13, and status post left C7 laminectomy and C5-C7 posterior spinal fusion as of 11/7/13. At the time of the request for authorization, there is documentation of chronic neck pain without any changes that radiates to the shoulders and left upper extremity, tingling in fingers with mild numbness and weakness, well healed midline scar anterior and posterior, spine range of motion 5 degrees extension, 2 finger breadths flexion, 50 degrees left rotation, 40 degrees right rotation, T1 midline tenderness, tenderness over trapezius muscle, left, diminished grip strength on left, wrist extension 5-/5 on the left, unable to test other muscle groups secondary to pain, decreased sensation to pinwheel over radial side of hand and forearm, and reflexes: left biceps traces, left triceps trace, left wrist trace, right wrist 1+, right biceps 2+, and right triceps 2+. Current diagnoses include cervical radiculopathy and post laminectomy syndrome of the cervical spine, and treatment to date has been acupuncture, which has been helping with spine pain. The patient reports 100% relief of midline pain which lasts a couple of days. The number of previous acupuncture treatments cannot be determined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Acupuncture for cervical and lumbar:** Upheld

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

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

**Decision rationale:** The MTUS Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, the MTUS Acupuncture Medical Treatment Guidelines states that the time to produce functional improvement is 3-6 treatments at a frequency of 1-3 times per week over the course of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy and post laminectomy syndrome of cervical spine. In addition, there is documentation of previous acupuncture treatments. However, there is no documentation of acupuncture used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, there is no documentation of the number of previous acupuncture treatments to date. Furthermore, despite documentation of that acupuncture has been helping with spine pain and reports 100% relief of midline pain which lasts a couple of days, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of acupuncture provided to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.