

<b>Case Number:</b>	CM14-0091272		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Services 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 48 year old male who reported neck, mid back, low back and right shoulder pain from injury sustained on 05/25/12. Mechanism of injury was not documented in provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with cervical spine disc bulge; thoracic spine strain; lumbar spine disc rupture with radiculopathy and right shoulder internal derangement. Patient has been treated with medication, physical therapy, manipulative therapy, injections and shockwave therapy. Per medical notes dated 01/30/14, patient complains neck and low back pain. Pain is rated at 5/10. Examination revealed decreased range of motion of the cervical and lumbar spine. Per medical notes dated 05/07/14, patient complains of neck, upper back, low back and right shoulder pain. Provider is requesting 1X6 acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Once a week for Six (6) weeks Cervical, Thoracic, Lumbar Spine, Right Shoulder:** Upheld

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

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

**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". It is unclear if the patient has not had prior Acupuncture treatment or if the request is for initial trial of acupuncture treatment. Acupuncture is used as an option when pain medical is reduced or not tolerated which was not documented in the provided medical records. Medical records fail to document functional deficits and functional goal which the provider would like to obtain with treatments. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per guidelines and review of evidence, 1X6 Acupuncture visits are not medically necessary.