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| <b>Case Number:</b>   | CM14-0092075 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 09/25/2012 |
| <b>Decision Date:</b> | 09/26/2014   | <b>UR Denial Date:</b>       | 05/29/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/18/2014 |

### 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, has a subspecialty in 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 36 year old female who complains of pain in her neck and back resulting from an injury sustained on 09/25/2012. Patient was lifting a pallet when the nails broke loose causing her to jerk at which time she felt something pull in her back. Later the same day she was lifting approximately fifty pizza boxes and felt pain in her back. Diagnostic imaging includes X-rays of the cervical, thoracic and lumbar spine performed on 11/09/2012, which revealed a reversal of cervical lordosis seen consistent with musculoskeletal spasms, no acute fractures were identified. MRI of the cervical spine performed on 03/11/2013 revealed cervical spondylosis, at the most involved levels at C5-6 with a rightward disc osteophyte complex which causes moderate central spinal stenosis. There was mild to moderate stenosis present at C4-5 with cervical straightening. Patient is diagnosed with cervical spondylosis, cervical spondylosis with radiculopathy and myofascial pain. Per medical note dated 05/16/2014, pain level is rated at 5/10 and described as aching, throbbing, shooting and sharp. Patient states she is experiencing 50-60% pain relief, muscle spasm relief and improved sleep from her current medications. She states she is unable to sit for more than thirty minutes at a time, walking is limited to a half a mile at most, she is unable to stand for more than thirty minutes at a time and states she has to remain sedentary in order to perform any activities. Patient did undergo an inter-body fusion with cage & pedicle screws at L4-5 and L5-S1 on 01/28/2014. Additional treatment includes medications, trigger point injection to the cervical and trapezius muscles, heat and massage therapies. Medical note dated 05/16/14 reported that the patient has had prior acupuncture treatment which provided her with 67% relief with her headaches, upper back and neck pain. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2xweek x 6weeks, Cervical:** 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". Patient has had prior acupuncture treatment. Medical note dated 05/16/14 reported that the patient has had prior acupuncture treatment which provided her with 67% relief with her headaches, upper back and neck pain. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, 12 sessions of acupuncture 2x a week for 6 weeks for cervical are not medically necessary.