

<b>Case Number:</b>	CM14-0094663		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 62 year old male who reported neck and head pain from injury sustained on 10/10/13 due to a fall while trying to get into his truck. CT scan of the brain revealed sinusitis, otherwise negative. MRI of the brain revealed sinusitis, otherwise negative. Patient is diagnosed with cervicogenic headache, cervical facet arthropathy and cervical spine sprain/strain. Patient has been treated with medication and therapy. Per medical notes dated 03/19/14, patient complains of pain in the back of his head accompanied with constant burning and experiencing sharp temple pain. He complains of constant upper neck pain, this is moderate. The burning come and goes with intensity. Patient had physical therapy X6 which did not help. His sleep quality is poor. Per Utilization review, patient has been authorized prior acupuncture treatment. Medical records do not document if the authorized visits were administered or the outcome of the administered treatment. Provider is requesting 2X3 acupuncture treatments for the neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) Acupuncture visits for the Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back pain, Acupuncture.

**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 Utilization review, patient has been authorized prior acupuncture treatment. Medical records do not document if the authorized visits were administered or the outcome of the administered treatment. Provider is requesting 2X3 acupuncture treatments for the neck pain. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal no 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, six (6) Acupuncture visits for the Cervical Spine are not medically necessary and appropriate.