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| <b>Case Number:</b>   | CM13-0021205 |                              |            |
| <b>Date Assigned:</b> | 11/08/2013   | <b>Date of Injury:</b>       | 04/20/2013 |
| <b>Decision Date:</b> | 02/09/2015   | <b>UR Denial Date:</b>       | 08/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/06/2013 |

### 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 Chiropractor (DC), 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:

This 33 year old man sustained an industrial injury on 4/20/2013 while picking up trash bags weighing 30 pounds. The worker experienced pain to his right shoulder, neck, and bilateral shoulder blades. Evaluations included a cervical spine MRI performed on 8/6/2013, which showed minimal effacement of anterior thecal sac, mild right neural foraminal narrowing, and right paracentral disc protrusion. Orthopedic surgeon notes dated 8/13/2013, states current complaints of intermittent achy, burning neck pain that radiates to the right shoulder blade. Physical exam showed tenderness of the posterior neck, muscle spasm noted to the trapezius muscle on palpation bilaterally, and restricted range of motion. There was also tenderness noted over the acromioclavicular joint and anterior aspect as well as restricted range of motion. Recommendations include oral medications and acupuncture therapy. The worker was determined to be temporarily totally disabled if work restrictions can not be accommodated. On 8/27/2013, Utilization Review evaluated a prescription for eight sessions of acupuncture to the cervical spine. The UR physician noted no documentation of objective functional deficits of the cervical spine. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the cervical spine (8 sessions): 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) (Neck 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". Patient has not had prior Acupuncture treatment. Provider requested initial trial of 8 acupuncture treatments for cervical spine which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. 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. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.