

<b>Case Number:</b>	CM14-0108820		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/08/1999
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 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 52 year old female who reported neck and low back pain from injury sustained on 04/08/99. The mechanism of injury is not documented in the provided medical records. The patient is diagnosed with cervical radiculopathy, wrist tendinitis/bursitis; elbow tendinitis and bursitis; and lumbar spine sprain/strain. Per medical notes dated 02/06/14, the patient returns with some improvement in her neck and shoulder pain with acupuncture therapy. She also continues to have low back pain. Examination revealed spasm, tenderness and guarding over the paravertebral muscles of cervical spine and lumbar spine with decreased range of motion. Per medical notes dated 05/29/14, patient returns with a flare-up of neck pain and spasms radiating into the upper extremity. She also complains of pain and spasms in the mid and low back pain, she reports some radiation into her leg. The provider requested additional acupuncture treatments three times a week for four weeks for flare-up which was denied by the utilization reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture three (3) times per week for four (4) weeks for the cervical, thoracic and lumbar spine:** 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, 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." The patient has had prior acupuncture treatment. Per medical notes dated 02/06/14, patient returns with some improvement in her neck and shoulder pain with acupuncture therapy. Per medical notes dated 05/29/14, the patient returns with a flare-up of neck pain and spasms radiating into the upper extremity. The provider requested additional acupuncture treatments three times a week for four weeks for flare-up which was denied by the utilization reviewer. 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. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the provided medical records. Additionally, requested visits exceed the quantity supported by cited guidelines. Furthermore official disability guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, additional 12 acupuncture treatments are not medically necessary.