

<b>Case Number:</b>	CM14-0111390		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/13/2001
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 a licensed Chiropractor (DC) 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 is a 49-year-old female with a work related injury dated March 13, 2001. The physician visits dated April 23, 2014 documented the worker was experiencing constant neck pain that was dull, aching and occasionally throbbing and burning. The worker had also had Botox injections that reduced the pain from 4-10/10 to a 4-7/10. Pain was also reported in the right shoulder more than the left and radiating down the right arm. Pain also described as radiating into his head causing intense headaches. The worker also reported dizziness that occurs when she looks up that last about 15-20 seconds. The worker also complained of insomnia. Physical exam was remarkable for tenderness in the right shoulder with abduction 170 degrees, flexion 170 degrees, remainder of range of motions was within normal limits. The right hand had weakness with grasp and adduction of the fingers of the right hand. Pressure was noted in the mastoid area of the right side behind the right ear and neck tenderness with definite limitation of the range of motion. Range of motion of the neck was remarkable for flexion 40 degrees, extension 35 degrees, right lateral flexion 40 degrees and right rotation 35 degrees. Deep tendon reflexes in the right biceps, triceps and brachioradialis was plus two. Diagnoses at this visit included migraine headache, mild depression with anxiety. vestibular and postural dysfunction with intermittent non-sustained nystagmus to the right, hearing loss, periodic leg movement of sleep, right shoulder pain with limitation of function and gastroesophageal reflux disease. In the physician summary, the worker was documented as having a decreased reliance on medication and improved mood and overall function. The worker was documented as having "excellent progress in physical therapy". The utilization review decision dated July 2, 2014 the request for acupuncture two times per week for six weeks was determined to be not medically necessary. The decision was based on the California MTUS Acupuncture Medical Treatment Guidelines which states acupuncture may be used as an adjunct to physical rehabilitation and or surgical intervention to

hasten functional recovery. Acupuncture is recommended for three to six visits and may be extended beyond the six visits if functional improvement is documented. The documentation reviewed did not show a reduction in the level of pain reported or medication reductions. There was also no evidence of functional improvement in the medical records that were reviewed. The request for an additional twelve visits of acupuncture was documented as not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture medical treatment guidelines:** 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". Patient has had prior acupuncture treatment. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 2X6 acupuncture treatments are not medically necessary.