

<b>Case Number:</b>	CM14-0180066		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	11/03/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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:

This is a 51 year old female patient with neck pain complaints. Diagnosis: cervical radiculitis. Previous treatments included: cervical epidural injections, oral medication, physical therapy, and work modifications amongst others. As the patient continued symptomatic, a request for an acupuncture trial x6 was made on 09-29-14 by the PTP. The requested care was denied on 10-03-14 by the UR reviewer. The reviewer rationale was "patient has received substantial relief from a recent epidural steroid injection that still persists. Additionally, the patient does not have an acute exacerbation of myofascial pain, therefore acupuncture x6 for the cervical spine is not medically and necessary."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) acupuncture visits to the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Based on the report from the primary care physician, the patient underwent a second epidural injection on 08-25-14 which although was beneficial, there were continued complains of reduced sleep (4 hours), function impairment (patient was temporary totally

disable), and need to take medication (narcotics and muscle relaxants). In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (epidural injections, physical therapy, oral medication, work modifications and self-care) the acupuncture trial requested for pain management and function improvement is supported by the MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments; therefore the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.