

<b>Case Number:</b>	CM14-0184397		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 34 year-old female, who was injured on February 3, 2014, while performing regular work duties. The mechanism of injury is due to a slip and fall on a wet floor, causing the injured worker to land on the buttocks and outstretched right arm, and resulting in right wrist, neck, low back and coccyx pain. An examination on March 4, 2014, indicates the injured worker tried self-medication with over the counter medications for 29 days, without relief, and thus sought medical treatment for reported worsening symptoms. The records indicate the injured worker has received treatment with prescribed medications, hot/cold therapy packs, wrist splinting, home exercises, chiropractic/physio therapy, and two physical therapy visits. Per medical notes dated 09/03/14, patient complains of right shoulder pain and low back pain and tenderness; pain is rated at 3/10 with medication and 7/10 without medication. The request is for 6 acupuncture visits for the cervical spine (neck), two times weekly for three weeks, as an outpatient. The primary diagnosis is neck sprain and strain. Associated diagnoses are: sprain/strain right wrist, muscle spasm of neck, lumbar sprain/strain, and muscle spasm back. On October 7, 2014, Utilization Review non-certified 6 acupuncture for the cervical spine (neck), two times weekly for three weeks, as an outpatient, due to a PR-2 dated September 3, 2014 noting a right shoulder spasm, no documentation to support the regarding cervical spine and lumbar spine. As well as, "there are no clear defined goals or clinical findings to support the necessity of this request".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six acupuncture for the cervical spine (neck), two times a week times three weeks, as an outpatient:** Upheld

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

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

**Decision rationale:** Per MTUS-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 2 times 3 acupuncture treatments for the cervical spine. Acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical records. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with functional deficits and functional goals which would be obtained with acupuncture treatment. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per guidelines and review of evidence, 6 Acupuncture visits are not medically necessary.