

<b>Case Number:</b>	CM14-0194503		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	12/02/2012
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Board Certified 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 a 49 year old male who reported neck and low back pain from injury sustained on 12/02/12 after he was struck by vehicle. Per medical reports, MRI dated 10/10/13 revealed significant disc herniation at C6-7 with severe spinal cord compression, as well as foraminal narrowing at C6-7. Patient is diagnosed with spinal stenosis, radiculopathy, herniated disc and spondylosis. Patient has been treated with medication, acupuncture and chiropractic. Per medical reports dated 07/15/14, patient is a candidate for surgery. Per re-evaluation notes dated 10/07/14, patient reports neck pain radiating from the shoulder down to the fingers with tightness, stiffness, numbness and tingling. He underwent chiropractic and acupuncture; he is noticing about 70% reduction in pain. He still has some radiating pain down the left arm to the small and ring finger, but it is much improved. Patient remains on total temporary disability. Provider requested addition 2 times 6 acupuncture treatments which were non-certified. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ODG Acupuncture Guidelines

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

**Decision rationale:** Per MTUS Guidelines "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. Per re-evaluation notes dated 10/07/14, patient reports neck pain radiating from the shoulder down to the fingers with tightness, stiffness, numbness and tingling. He underwent chiropractic and acupuncture; he is noticing about 70% reduction in pain. He still has some radiating pain down the left arm to the small and ring finger, but it is much improved. Patient remains on total temporary disability. 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, additional 2 times 6 acupuncture treatments are not medically necessary.