

<b>Case Number:</b>	CM14-0206148		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 65 year old female with an injury date on 05/13/2011. Based on the 10/28/2014 progress report provided by the treating physician, the diagnoses are: 1. Cervical strain. 2. Low back strain. 3. Chronic pain. According to this report, the patient complains of "chronic cervical and lumbar pain. She's had an exacerbation of her neck pain over the last two weeks; feels like 'a baseball bat' has hit her across her neck." The patient "has left work early at least twice in the last week, and feels she needs to have some time off work" and the patient "would like to try acupuncture for this exacerbation." Physical exam reveals tenderness at the paracervical muscles and trapezius muscle. Cervical range of motion is decreased. There were no other positive exam findings indicated in this report. Treatment to date includes "wave" unit, heat/ice, and medications. The treatment plan is refill medications refer to medical professional and patient is to remain off work until re-examination. The patient is "P&S today." There were no other significant findings noted on this report. The utilization review denied the request for 8 additional acupuncture sessions and transfer of care to COMP x8 on 11/07/2014 based on the MTUS/ACOEM guidelines. The requesting physician provided treatment reports from 09/25/2013 to 11/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional acupuncture cervical spine QTY:8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 13,8.

**Decision rationale:** According to the 10/28/2014 report, this patient presents with "an exacerbation of her neck pain over the last two weeks." The current request is for Additional acupuncture cervical spine Qty: 8. for acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, with optimal duration of 1 to 2 months. Review of the provided reports does not show prior acupuncture reports or treatments. In this case, given that the patient has an exacerbation of the neck recently; it may be appropriate to provide an initial trial of 3 to 6 treatments to produce functional improvement. However, the treating physician is requesting for 8 sessions of acupuncture which exceed what the guidelines recommendation for an initial trial. The request IS NOT medically necessary.

**Transfer of care to COMP QTY:8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition 2004 page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, care to COMP.

**Decision rationale:** According to the 10/28/2014 report, this patient presents with "an exacerbation of her neck pain over the last two weeks." The current request is for Transfer of care to COMP Qty: 8 but the treating physician's report containing the request is not included in the file. The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the treating physician does not provide medical rationale for the request and it is not know why the patient needed 8 sessions of Transfer of care to COMP. This request IS NOT medically necessary.