

<b>Case Number:</b>	CM14-0206734		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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, has a subspecialty in Chiropractic 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 33 year old female who reported neck and arm pain from injury sustained on 06/12/13. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with C5-6 degenerative disc disease with annular tearing contributing to left C5 radiculopathy; C2-3, 3-4, 5-6, 6-7 degenerative disc disease with osteophytes; probable C5-6 annular tear with protrusion contributing to C6 radiculopathy. Patient has been treated with medication, physical therapy and epidural injection. Per medical notes dated 10/14/14, patient complains of neck pain with radiation into the left arm. The pain has been progressive over the course of the past year despite treatment, which included at least 1 epidural injection which did not help, as well as physical therapy, which at times made it worse. Patient complains of significant headaches, mostly in the occipital area. Symptoms are worsened by most activities, including standing, walking, lying down, bending forward. Per medical notes dated 11/11/14, patient complains of neck and arm pain which has worsened. She rates the pain at 8/10. She attributes the worsening pain to returning to work full-time. Provider requested initial trial of 8 acupuncture treatments which were non-certified by the utilization review. 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 x 8 weeks:** 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 pages 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 8 acupuncture treatments which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, the request for 8 Acupuncture visits are not medically necessary.