

<b>Case Number:</b>	CM15-0004785		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	08/25/1999
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: Chiropractor, Oriental Medicine

### 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 70 year old female, who sustained an industrial injury to her neck on 8/25/1999. The mechanism of injury was not documented. She has reported flare ups of spasms, tightness, and decreased range of motion and stiffness to cervical spine/neck with radiation of pain to both arms. The diagnoses have included cervical disc displacement. Treatment to date has included massage therapy, occupational therapy, injections, Transcutaneous Electrical Nerve Stimulation (TENS), acupuncture, and chiropractic for 6 weeks. Currently, the IW complains of pain, stiffness, tenderness, muscle spasms, weakness at neck, shoulders and upper neck. As the primary treating physician's note dated 12/17/14, the IW had positive spurling's, cervical spasm and stiffness. She also complained of tightness in neck and decreased ability to perform activities of daily living (ADL's). She has stated that she has had improvement in symptoms with acupuncture in the past. There are no documented acupuncture sessions. On 12/22/14 Utilization Review non-certified a request for 12 Sessions of Acupuncture for The Cervical Spine (2 Times A Week for 6 Weeks), noting there was no documentation of functional improvement with prior acupuncture sessions. The documentation provided does not support continued chiropractic care. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Acupuncture for The Cervical Spine (2 Times A Week for 6 Weeks): Upheld**

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 12 sessions of acupuncture for the cervical spine which were non-certified by the utilization review. There is lack of evidence that prior acupuncture care was of any functional benefit. 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, 2X6 acupuncture treatments are not medically necessary.