

<b>Case Number:</b>	CM15-0130927		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: 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 50 year old male who sustained an industrial injury on 3/18/13 to his neck and mid back. He currently complains of constant throbbing pain in the cervical spine aggravated by repetitive motion of the neck with radiation of pain into the left upper extremities; associated headaches and shoulder tension. His pain is improving and his pain level is 5/10. On physical exam there was tenderness on palpation of the cervical paravertebral muscles and spasm with limited range of motion and positive axial loading compression test, positive Spurling's maneuver; there was tingling and numbness into the anterolateral shoulder and arm, lateral forearm and hand. His activities of daily living were limited in the areas involving physical activity, self-care/hygiene. Medications were fenoprofen, Flexeril. Diagnoses were chronic pain; cervical radiculopathy. Treatments to date include cervical epidural steroid injection that was beneficial; medications with temporary benefit; physical therapy with temporary beneficial; acupuncture was helpful; chiropractic therapy was helpful. There was no information as to the number of prior acupuncture treatments received or the specific benefit derived from them in the documents available for review. In the progress note dated 6/2/15 the treating provider's plan of care includes a request for acupuncture to the cervical spine twice per week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 2 times wkly for 4 wks, 8 sessions, Cervical Spine: Upheld**

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

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions were rendered, the patient continues symptomatic, and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) was provided to support the reasonableness and necessity of the additional acupuncture requested. Based on the providers reporting, the patient is not presenting a flare up of the condition, or a re-injury. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the guidelines-MTUS. In addition the request is for acupuncture x 8, number that exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.