

<b>Case Number:</b>	CM15-0148226		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	08/06/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 57 year old male who sustained an industrial injury on 08-06-14. Initial complaints and diagnoses are not available. Treatments to date include medication. Diagnostic studies include a MRI of the cervical spine on 03-02-15 which showed discogenic spondyloarthropathy with mild central canal stenosis and mild facet arthrosis. A MRI of the lumbar spine on 03-25-15 showed spinal stenosis, chronic degenerative changes, and left foraminal stenosis at L5-S1. Current complaints include neck pain. Current diagnoses include cervical strain and strain, lumbar spondylosis, and post laminectomy lumbar spine. In a progress note dated 06-22-15 the treating provider reports the plan of care as medications including Anaprox, Prilosec, Lyrica, Ultracet, and Cyclobenzaprine as well as acupuncture for the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Acupuncture Therapy Sessions for the 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 records available for review does not report any prior acupuncture. Given that the patient continued symptomatic despite previous care, an acupuncture trial for pain management would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary care physician requested 12 acupuncture sessions as a trial, number that exceeds the guidelines criteria without any extenuating circumstances documented, the request is seen as excessive, not supported for medical necessity.