

<b>Case Number:</b>	CM15-0149153		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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/work injury on 10/15/10. He reported an initial complaint of neck, back, and right knee pain. The injured worker was diagnosed as having osteoarthritis of lower leg, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis, or radiculitis, unspecified displacement of cervical intervertebral disc without myelopathy. Treatment to date includes medication. Currently, the injured worker complained of continued neck pain and decreased range of motion along with back pain and numbness and weakness in the left lower extremity. There was also right knee pain and depression due to pain. Per the primary physician's report (PR-2) on 7-7-15, exam noted positive Spurling's test, decreased range of motion and positive spasms of cervical spine. There is decreased sensation in the right C6 dermatome. The right knee revealed moderate tenderness and 1+ effusion. The lumbosacral spine revealed positive spasms and decreased sensation in right L5-S1 region with radiculopathy. Current plan of care included physical therapy, psychologist for depression, and acupuncture. The requested treatments include acupuncture visits for the cervical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x4 visits for the cervical:** Upheld

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

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

**Decision rationale:** The patient presents with pain affecting the neck and back. The current request is for Acupuncture 2x4 visit for the cervical. The requesting treating physician report dated 7/7/15 (20B) was only partially legible. Review of the Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. The guidelines go on to state "Frequency: 1 to 3 times per week, Optimum duration: 1 to 2 month." The medical reports provided do not show the patient has received acupuncture treatments for the cervical spine previously. In this case, the current request of 8 visits does not satisfy the AMTG guidelines as it only supports treatment beyond 3-6 visits if functional improvement is documented. Furthermore, there is no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the AMTG guidelines. The current request is not medical necessary.