

<b>Case Number:</b>	CM15-0186768		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35 year old male with a date of injury on 2-19-14. A review of the medical records indicates that the injured worker is undergoing treatment for neck and back pain. Progress report dated 9-8-15 reports after the recent nerve test he is feeling more neck pain. The pain is worse with flexion and is rated 8 out of 10 and back pain rated 5 out of 10. He also has complaints of headaches on and off. Upon exam, range of motion continues to improve. Lumbar spine is stiff and tight to palpation and range of motion is painful. Treatments include: medication, physical therapy. According to the medical records acupuncture was first requested on 4-14-15. EMG NCV of the upper extremities dated 9-3-15 revealed a normal study. Request for authorization was made for acupuncture 2 times per week for 3 weeks for cervical spine and lumbar spine. Utilization review dated 9-21-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture 2x3 For C/S L/S:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, acupuncture was requested since April 2015. There was no mention if those sessions were completed their therapeutic response. The recent request in September 2015 for 6 sessions of acupuncture were not substantiated. Although acupuncture may be beneficial, it is not medically necessary.