

<b>Case Number:</b>	CM15-0188764		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	11/05/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: 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 56 year old female who sustained an industrial injury on 11-5-2014. A review of medical records indicates the injured worker is being treated for head trauma, post-concussion syndrome involving posttraumatic headaches, lightheadedness, insomnia, mood change, and subjective memory impairment, and posttraumatic headaches. Medical records dated 6-11-2015 noted headaches which consisted of bifrontal pain. She had difficulty sleeping. She had a sensation of lightheadedness. She also complained of having neck and back pain and right knee. Physical examination noted there was tenderness posteriorly to midline over the spinous process and also over the occipital nuchal areas bilaterally. There was tenderness in the lumbar region at the midline. MRI of the neck revealed degenerative changes. Treatment has included over the counter medications. Utilization review form dated 9-21-2015 noncertified Acupuncture 2x6 cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the cervical spine, twice a week for six weeks:** Upheld

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

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

**Decision rationale:** The patient presents with neck pain and headaches. The request is for ACUPUNCTURE FOR THE CERVICAL SPINE, TWICE A WEEK FOR SIX WEEKS. The request for authorization is not provided. Physical examination of the neck reveals there is tenderness posteriorly to midline over the spinous processes and also over the occipital nuchal areas bilaterally. Per progress report dated 06/11/15, the patient is not working. MTUS, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. Review of provided medical records show no evidence of prior Acupuncture treatments. In this case, the patient continues with low back pain. Given patient's condition, a trial of Acupuncture would be indicated by MTUS guidelines. However, the request for 12 sessions of Acupuncture would exceed what is recommended by MTUS to produce functional improvement. Therefore, the request IS NOT medically necessary.