

<b>Case Number:</b>	CM15-0189387		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	07/27/2000
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/03/2015
<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: Chiropractor, 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 74 year old male, who sustained an industrial injury on 07-27-2000. He has reported subsequent, neck pain, headaches and bilateral upper extremity pain and was diagnosed with cervical spondylosis, post-laminectomy syndrome of the cervical spine and cervical radiculopathy. Treatment to date has included pain medication, acupuncture, aqua therapy and surgery. The claimant has been receiving extensive acupuncture since 2011. Acupuncture was noted to have been very helpful with pain relief and improving function but other therapies were noted to have failed to provide significant pain relief. Documentation shows that multiple acupuncture sessions were received on a monthly basis from 01-2015-07-2015. Work status was documented as off work. In progress notes dated 04-23-2015, 06-15-2015 and 07-21-2015, the injured worker reported worsening pain in the neck and bilateral arms with numbness and weakness on both side with the arms and hands and daily headaches. Severity of pain was documented as being severe. The physician noted that the injured worker had been receiving acupuncture 3 times a week with good results. The injured worker reported decreasing dexterity and feeling in both hands. The injured worker was noted to get some mild temporary relief of neck pain with a hot shower but received excellent benefit with acupuncture 3 times a week for most symptoms and reported being more active including activities of daily living, driving and exercising and to be able to avoid narcotics with the use of acupuncture. The injured worker was also noted to be doing aquatherapy twice a week with no change in range of motion. Objective examination findings on 04-23-2015, 06-15-2015 and 07-21-2015 revealed severely decreased range of motion of the cervical spine with pain, tenderness to touch through the

posterior neck, trapezius and suprascapular regions, multiple trigger points in the supraspinatus, cervical paraspinal muscles and trapezius, especially on the right side, tenderness of the occipital region and diffuse non-focal weakness of the bilateral upper extremities left greater than right. A request for authorization of acupuncture 3 times a week for 3 weeks for the cervical spine was submitted. As per the 09-03-2015 utilization review, the request for acupuncture was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 3 times a week for 3 weeks for the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture of unknown quantity and duration since 2011. Despite the provider stating that acupuncture is helpful, the provider fails to document objective functional improvement associated with acupuncture treatment. Also, the claimant does not appear to be decreasing dependency on medical treatment or acupuncture even with years of continued treatment. It is unlikely that further acupuncture will produce a different result. Therefore further acupuncture is not medically necessary.