

<b>Case Number:</b>	CM15-0190539		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	07/27/2008
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 52 year old male, who sustained an industrial injury on 7-27-08. Medical records indicate that the injured worker is undergoing treatment for cervical disc syndrome, cervical sprain-strain, right shoulder internal derangement, rotator cuff syndrome, headaches, insomnia, anxiety and depression. The injured worker was currently working full duty. On (8-18-18) the injured worker complained of intermittent achy cervical pain rated 6 out of 10 on the visual analogue scale. The injured worker also noted right shoulder pain, headaches and difficulty sleeping. Examination of the cervical spine revealed range of motion to be: extension 50 degrees, flexion 40 degrees, right and left lateral bending 40 degrees and right and left rotation 60 degrees. Treatment and evaluation to date has included medications, urine drug screen, MRI of the right shoulder, MRI of the cervical spine and an anterior cervical fusion. The MRI of the cervical spine (3-23-15) revealed multiple level disc bulges. Current medications include Anaprox DS, Prilosec and Tramadol HCL. The request for authorization dated 8-18-15 requested acupuncture 2 times a week for 3 weeks to the cervical spine. The Utilization Review documentation dated 9-1-15 non-certified the request for acupuncture 2 times a week for 3 weeks to the 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 2 times a week for 3 weeks: Upheld**

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

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

**Decision rationale:** On 03-10-15, acupuncture x 12 was requested by the provider. Another request was made on 04-07-15 for acupuncture x 12. Again on 05-05-15, 06-02-15 and 08-18-15 requests for acupuncture x 6 were made. The number of acupuncture sessions completed or the benefits obtained was documented. The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions, no evidence of any functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating number of visits completed, medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity. Therefore, the request is not medically necessary.