

<b>Case Number:</b>	CM15-0193043		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	01/26/2000
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 45 year old male who sustained an industrial injury on 1-26-2000. The diagnosis is noted as cervical spondylosis without myelopathy and chronic cervical strain. In a progress report dated 9-4-15, the physician notes complaint of tightness to the upper back with soreness in the last 2 months, headaches to the posterior occiput, and numbness and cold sensation to bilateral ring and little fingers. Objective findings are noted as a 2-centimeter depression of the right trapezius, no spasm, diffuse soreness to bilateral trapezius to parascapular borders, and sensation is diminished to bilateral 4th and 5th fingers. Previous treatment includes medication, acupuncture with reported improvement, and at least 11 visits of physical therapy. It is noted he is to remain off work. The treatment plan is Naproxen 550mg, Fexmid 7.5mg #60, Norco 10-325 every 4 hours as needed #30, and repeat sessions of acupuncture 2x4 weeks for current exacerbation. A request for authorization is dated 9-4-15. The requested treatment of acupuncture for pain management 2 times weekly for 4 weeks (8 visits) was modified to certify 3 acupuncture visits on 9-11-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

below: **Acupuncture for pain management, 2 times weekly for 4 weeks, 8 sessions:** Upheld

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

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

**Decision rationale:** On 09-09-14, eight acupuncture sessions were authorized and again on 12-08-14 another eight sessions were approved. The records available do not reflect the number of sessions already completed or the objective gains obtained with such care. 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." An unknown number of prior acupuncture sessions were rendered in the past without documentation of any significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with prior acupuncture provided to support the appropriateness of the additional acupuncture requested. Also, the request is for acupuncture x 8, number that exceeds the guidelines criteria without compelling, extraordinary circumstances documented to override the guidelines recommendations. Therefore, the additional acupuncture is not medically necessary.