

<b>Case Number:</b>	CM15-0193324		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/03/2015
<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: 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 49 year old male, who sustained an industrial injury on 07-08-2014. He has reported subsequent neck, upper extremity, low back and head pain and was diagnosed with arthritis of the acromioclavicular joint, spinal stenosis in the cervical region, cervical radiculopathy, neck and low back pain, headache and impingement syndrome of the shoulder region. Treatment to date has included pain medication, subacromial injections, 8 physical therapy sessions and acupuncture. Physical therapy was noted to have been ineffective and subacromial injections were noted to have helped temporarily. Documentation shows that the physician requested acupuncture on 05-28-2015 for continuing neck pain and headache. 14 acupuncture treatment notes from 06-17-2015 to 08-14-2015 were submitted and documented decreased levels of neck pain and improved sleep with treatments. In progress notes dated 07-09-2015 and 08-20-2015, the injured worker reported that acupuncture was helping a lot with pain and on 08-20-2015 noted that neck pain and headaches were significantly helped by the recent course of acupuncture and requested additional sessions. The injured worker reported continued tinnitus with reduction of headaches. Objective examination findings on 07-09-2015 and 08-20-2015 revealed tenderness of the occipital protuberance and the transverse process on the left at C2 and pain elicited by range of motion. Work status was documented as modified. The physician noted that 8 more sessions of acupuncture were being requested for neck pain as it was making a big difference. A request for authorization of acupuncture 2x Weekly for 4 Weeks #8 Sessions for Neck was submitted. As per the 09-03-2015 utilization review, the request for acupuncture 2x Weekly for 4 Weeks #8 Sessions for Neck was non-certified.

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

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

**Acupuncture 2x Weekly For 4 Weeks #8 Sessions for Neck: Upheld**

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

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

**Decision rationale:** The Acupuncture Medical Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient completed at least 14 acupuncture sessions as of 8/14/2015. The provider's states that acupuncture is making a big difference for the patient's neck pain. However, there was no documentation of functional improvement gained from prior acupuncture session. Therefore, the provider's request for 8 additional acupuncture sessions for the neck is not medically necessary at this time.