

<b>Case Number:</b>	CM15-0198801		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/06/2003
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Montana  
 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 53 year old female, who sustained an industrial injury on September 6, 2003. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical spinal stenosis, cervical disc displacement without myelopathy and brachial neuritis not otherwise specified. An MRI was noted to be performed. Additional treatment to date was not indicated in the medical record reviewed. On September 17, 2015, the injured worker complained of neck pain and weakness along with stiffness and swelling to the bilateral hands. There was decreased numbness in the right hand noted. Physical examination revealed decreased cervical spine range of motion with pain and spasm. There was pain with range of motion of the bilateral fingers noted. The treatment plan included acupuncture for the neck and laboratory studies. On September 24, 2015, utilization review denied a request for acupuncture two times a week for six weeks for the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x a week for 6 weeks for the neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

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

**Decision rationale:** It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Provider requested 12 acupuncture sessions for the neck which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.