

<b>Case Number:</b>	CM15-0202492		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	06/15/2015
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 54 year old male with an industrial injury date of 06-15-2014 - 08-15-2015 (cumulative trauma). Medical record review indicates he is being treated for cervical sprain-strain with brachial radiculitis, thoracic sprain-strain with myospasm and lumbar sprain-strain with sciatica. Subjective complaints (09-08-2015) included constant neck pain rated as 7 out of 10 and associated with numbness and tingling to both arms to the level of the fingers intermittently, leading to headaches. He also complained of mid back pain rated 5 out of 10 and intermittent low back pain rated 4 out of 10. The treating physician documented that physical therapy, acupuncture and medication "all helping a little." Prior treatment included physical therapy (number of visits not indicated), acupuncture (number of treatments not indicated - the request was for acupuncture 2 times 4) and over the counter medication. Patient states over the counter medications and non-steroidal anti-inflammatory drugs do not provide relief (09-03-2015). Medications prescribed at the 09-03-2015 visit included Flexeril and Tramadol. Objective findings (09-08-2015) included tenderness of the cervical musculature. Thoracic spine was positive for tenderness and lumbar spine revealed tenderness lumbar 1-sacral 1 with increased muscle tone. On 09-16-2015 the request for acupuncture two times a week for 4 weeks was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture Treatment, Two (2) Times a Week for Four (4) Weeks: Upheld**

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

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

**Decision rationale:** The September 16, 2015 utilization review document denied the request for eight additional acupuncture visits to manage the patient's residual cervical spine complaints citing CA MTUS acupuncture treatment guidelines. The patient's past medical history of treatment included eight prior acupuncture sessions, the total amount of visits not reported with reported gains of subjective improvement but the overall absence of any objective evidence of functional improvement. The prerequisites for consideration of additional acupuncture care per CA MTUS acupuncture guidelines is the documentation of functional improvement which was not provided in the reviewed medical records. The medical necessity for additional eight acupuncture visits to the patient cervical spine is not supported by the reviewed medical records or in compliance with the prerequisites for additional treatment per CA MT US acupuncture guidelines, not medically necessary.