

<b>Case Number:</b>	CM15-0208268		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	03/30/2014
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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:

This is a 34 year old male who sustained a work-related injury on 3-30-14. On 8-20-15 revealed the injured worker was being treated for right cervical radiculopathy in the C4-C5, C5-C6 and C7 distributions. He reported right shoulder pain and radiculopathy which was not improving and noted that the pain originated at the base of his cervical spine. He had 10 previous acupuncture therapy sessions which provided benefit. His pain worsened with certain positions and maneuvers such as sitting at a computer or in the car. Medical record documentation on 9-16-15 revealed the injured worker reported a marked exacerbation of his right cervical radiculopathy symptoms. The evaluating physician noted that the injured worker's treatment had "essentially stopped" while a request for authorization for a QME evaluation was being reviewed. The injured worker reported a click and sudden spasm incident in the right cervical neck muscles and noted a limited range of motion in the neck. He had associated numbness and tingling over the lateral and posterior aspect of the upper arm with radiation to the fingers. Objective findings included cervical spine range of motion with right rotation to 30 degrees and left rotation to 70 degrees. He had full extension and limited flexion of the neck by approximately 20 degrees. The injured worker had limited lateral bending on the left and full lateral bending on the right. He had tenderness to palpation over the cervical paraspinal muscles at C4-C5 and C5-C6. He had weakness of the deltoid, supraspinatus, infraspinatus, biceps and wrist extensors and his sensation was fully intact. He had a full range of motion of the right shoulder and had a positive Spurling's test on the right. A request for eight (8) sessions of acupuncture therapy for the cervical spine was received on 10-7-15. On 10-16-15 the Utilization Review physician determined eight (8) sessions of acupuncture therapy for 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, quantity: 8 sessions:** Upheld

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

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

**Decision rationale:** The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. Based on the medical records, the patient received acupuncture treatments in the past. According to the provider's notes dated 7/15/2015, the patient failed most conservative treatments which includes physical therapy, lifestyle modifications, reduction of lifting, acupuncture, and gabapentin. There was no documentation of functional improvement from prior acupuncture sessions. The provider's request for 8 additional acupuncture sessions is not medically necessary at this time.