

<b>Case Number:</b>	CM15-0209234		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	02/03/1993
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 65 year old male, who sustained an industrial injury on 2-3-93. The injured worker was diagnosed as having chronic pain; lumbar disc degeneration' failed back syndrome- lumbar; cervical pain; ankle pain. Treatment to date has included status post cervical fusion C4-5 C5-6 1999; Status post lumbar fusion 2006; right lower medial-ankle compound fracture with surgery 2007; acupuncture; medications. Currently, the PR-2 notes dated 9-29-15 indicated the injured worker returns after his last visit 5-7-15. He is seen primarily for his cervical condition. In the past he has been referred to acupuncture for this condition. Pain originates throughout the cervical spine and radiates to the left upper extremity. On examination, the provider documents "Cervical rotation is 50 degrees right and left with a firm end point and discomfort at the end range. There is paraspinal spasm posteriorly throughout the cervical area from C3-T1. Pain increases with extension and lateral bending left and right. The patient is noted to have a head forward posture with increased cervical lordosis. Lateral bending of the neck is 35 degrees left and right. On evaluation of the soft tissues of the neck and shoulder girdle area there is diffuse tenderness wit focal pain on palpation of the musculature bilaterally including the posterior cervical region, trapezius and posterior shoulder girdle musculature." The provider reviews his records and notes the injured worker has previously undergone a cervical fusion in 1999 for levels C4-5 and C5-6. He requested acupuncture 12 sessions for his symptoms. Prior PR-2 notes indicate the same type of pain and examination. A PR-2 note dated 10-23-15 indicates the injured worker last visited on 9-23-15. He returns on this day indicating significant pain affecting the cervical and shoulder girdle area as well as lumbosacral spine. He reports

increased pain affecting the neck and shoulders over the past few weeks and limits his activities such as cooking, cleaning and self-care at home. Analgesics consist of Norco 7.5-525mg 1-2 every 8 hours for pain. The provider notes that in the past "The patient has received acupuncture treatments once or twice a week for 12 sessions that were spread out over a period of 6-12 weeks depending on his clinical response. He reports that with regard to the neck and shoulder issues that acupuncture reduced his pain level by about 50-70%. During the course of acupuncture treatment his analgesic use of Norco decreased from about 3-4 tablets down n to 1-2 tablets a day. This facilitated increased participation in normal activities of daily living such as cooking, cleaning, and self-care. He also reports that with reduction of pain, reduction of medications use and increased abilities he is able to pursue his vocation of playing drums in a band." A Request for Authorization is dated 10-23-15. A Utilization Review letter is dated 10-15-15 and non-certification for 12 sessions of acupuncture to include evaluation and treatment. A request for authorization has been received for 12 sessions of acupuncture to include evaluation and treatment.

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

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

**12 sessions of acupuncture to include evaluation and treatment:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. A PR-2 note dated 10-23-15 indicates the injured worker last visited on 9-23-15. He returns on this day indicating significant pain affecting the cervical and shoulder girdle area as well as lumbosacral spine. He reports increased pain affecting the neck and shoulders over the past few weeks and limits his activities such as cooking, cleaning and self-care at home. Analgesics consist of Norco 7.5-525mg 1-2 every 8 hours for pain. The provider notes that in the past "The patient has received acupuncture treatments once or twice a week for 12 sessions that were spread out over a period of 6-12 weeks depending on his clinical response. He reports that with regard to the neck and shoulder issues that acupuncture reduced his pain level by about 50-70%. During the course of acupuncture treatment his analgesic use of Norco decreased from about 3-4 tablets down n to 1-2 tablets a day. This facilitated increased participation in normal activities of daily living such as cooking, cleaning, and self-care. He also reports that with reduction of pain, reduction of medications use and increased abilities he is able to pursue his vocation of playing drums in a band." Medical reports reveal evidence of significant changes and improvement in findings, revealing a patient who has achieved significant objective functional improvement to warrant additional treatment; however, requested visits exceed the quantity supported by cited guidelines as 3-6 visits supported for functional improvement. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.