

<b>Case Number:</b>	CM15-0021753		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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 58 year old who sustained an industrial injury on 03/18/2013. Diagnoses include C4-C7 disc displacement with right C6 radiculopathy. Treatment to date has included medications, trigger point injections, and physical therapy. A physician progress note dated 01/28/2015 documents the injured worker complains of neck pain radiating into the shoulders and trapezius rated as a 6 to 10 on the Visual Analog Scale with medications, and 4 out of 10 without medications. Her right shoulder pain is rated 8 out of 10 without medications and 4 out of 10 with medications. Tenderness is present and range of motion is decreased at the cervical neck. On 12/26/2015 a Magnetic Resonance Imaging of the cervical spine revealed stable fusion from C4-C7 with 2mm anterior listhesis C3-C4 with reduction on extension. Treatment requested is for Acupuncture, twice weekly, cervical spine per 12/17/14 order quantity 8.00. On 02/04/2015 Utilization Review modified the request for Acupuncture, twice weekly, cervical spine per 12/17/14 order quantity 8.00, to Acupuncture, twice weekly, cervical spine per 12/17/14 order quantity 6.00, and cited was California Medical Treatment Utilization Schedule (MTUS)-Acupuncture Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, twice weekly, cervical spine per 12/17/14 order quantity 8.00:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It recommends a trial of 3-6 visits. It states that acupuncture may be extended if there is documentation of functional improvement. There was no evidence that the patient had prior acupuncture care. Therefore a trial of acupuncture may be warranted. The reviewer authorized a trial of 6 acupuncture session for the cervical spine, which was consistent with the guidelines. Additional acupuncture session beyond the initial 6 is recommended if there is documentation of functional improvement. The provider's request for 8 acupuncture sessions for an initial trial of acupuncture exceeds the guidelines and therefore is not medically necessary at this time.