

<b>Case Number:</b>	CM15-0030668		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	03/26/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 44 year old male, who sustained an industrial injury on 3/26/2014. He has reported an automotive accident with injury to the head, neck, left shoulder, arm and elbow, low back and bilateral lower extremities. The diagnoses have included cervical spine strain / sprain, rule out herniated disc, myofascial sprain lumbar spine, left shoulder sprain, rule out internal derangement, and left elbow strain. Magnetic Resonance Imaging (MRI) of cervical spine 9/11/14 revealed multilevel cervical disc bulges with stenosis. Treatment to date has included medications, physical therapy, and acupuncture therapy. Currently, the IW complains of pain in the neck, low back and bilateral shoulders. On 10/15/14, physical examination documented tenderness and decreased Range of Motion (ROM). Positive foraminal compressions tests. The plan of care included request for pain management consultation due to Magnetic Resonance Imaging (MRI) results and for possible facet injections and continuation of acupuncture therapy sessions. On 1/23/2015 Utilization Review non-certified eight (8) acupuncture sessions for cervical spine (twice a week for four weeks), noting the documentation did not indicate a covered diagnosis. The MTUS Guidelines were cited. On 2/19/2015, the injured worker submitted an application for IMR for review of eight (8) acupuncture sessions for cervical spine (twice a week for four weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 4 for the cervical spine:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 2X4 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Additional visits may be rendered if the patient has documented objective functional improvement. 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, 2x4 acupuncture treatments are not medically necessary.