

<b>Case Number:</b>	CM15-0052974		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 48-year-old female, who sustained an industrial injury on 4/17/13. She reported initial complaints of neck, left arm, hand and fingers associated with numbness, weakness and tingling sensation. The injured worker was diagnosed as having post-concussion syndrome; cervical spine musculoligamentous sprain/strain. Treatment to date has included acupuncture; chiropractic therapy; physical therapy; medications. Currently, the PR-2 notes dated 1/13/15 indicated the injured worker complains of pain in her head and still has symptoms of dizziness, nausea and blurred vision. She complains of constant, sharp, throbbing neck pain rated at 6/10 without medications. She complained of difficulty falling asleep and waking during the night due to headaches, symptoms of anxiety due to pain or loss of work, symptoms of depression due to pain or loss of work, decreased muscle mass and strength, numbness with pain described. The provider has requested acupuncture treatments with re-evaluation for cervical spine, quantity 6 and Home Use Cervical Traction equipment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatments with re-evaluation for cervical spine, quantity 6: Upheld**

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

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

**Decision rationale:** According to the guidelines, "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to gain functional benefit is 3-6 sessions. In this case, the claimant has completed acupuncture, physical and manual therapy in the past. Acupuncture is considered an option and the request for an additional 6 sessions of acupuncture is not medically necessary.

**Home Use Cervical Traction equipment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** According to the guidelines, there is insufficient evidence to support the use of traction for the cervical spine. The claimant has already undergone numerous physical interventions including manual therapy, acupuncture, and physical therapy. These modalities have more proven benefit. The request for the traction of the cervical spine is not medically necessary.