

<b>Case Number:</b>	CM15-0053605		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	04/21/2012
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/10/2015
<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: 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 64 year old male who sustained a work related injury April 21, 2012. According to a primary treating physician's progress report, dated March 3, 2015, the injured worker presented for re-evaluation of increased neck pain that travels across his shoulders with numbness and tingling into his right trunk. Diagnoses are cervical sprain; trapezial sprain/strain; and headache. Treatment plan included request for authorization for MRI cervical spine, acupuncture 2 x 3 cervical spine, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 3 weeks for the cervical spine with infrared lamp:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The patient complained of increased neck pain. The guideline recommends an initial trial of 3-6 visits with a frequency of 1-3 times a week over 1-2 months to produce

functional improvement. Based on the submitted records, there was no evidence that the patient had prior acupuncture care. Therefore, a trial is warranted at this time. The provider's request for 6 acupuncture sessions to the cervical spine is medically necessary at this time.