

<b>Case Number:</b>	CM15-0059755		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: 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 51 year old male who sustained a work related injury September 17, 2012. While loading water bottles on a production line, he felt a pop in the neck/upper back. An MRI scan, dated 9/4/2014, revealed multi -level lumbar stenosis at L1-2, L2-3, L4-5, worse at L4-5; at L5-S1, there is foraminal stenosis. Most often, the injured worker is complaining of neck pain, intrascapular pain, and bilateral shoulder pain, bilateral arm pain, right side worse than left. According to a primary treating physician's progress report, dated February 24, 2015, the injured worker discussed recommendations from another physicians evaluation; TENS unit and acupuncture therapy. Diagnosis is documented as cervical radiculopathy. A request for authorization, dated March 3, 2015, requests Acupuncture x 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 time a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The guidelines-MTUS note that the amount of acupuncture to produce functional improvement is 3-6 treatments. The same guidelines could support additional acupuncture for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. The patient condition at the time of the request is undocumented: no subjective complains, objective findings, functional-motor-sensory deficits were reported to support the need of any care. Prior treatments rendered and their results were not included. The goals, for which the acupuncture was sought, were not included. Therefore and based on the foregoing, the care is not supported as reasonable, medically and necessary.