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| <b>Case Number:</b>   | CM15-0081319 |                              |            |
| <b>Date Assigned:</b> | 05/04/2015   | <b>Date of Injury:</b>       | 06/10/2013 |
| <b>Decision Date:</b> | 06/02/2015   | <b>UR Denial Date:</b>       | 04/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/28/2015 |

### 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 67-year-old female who sustained an industrial injury on 6/10/13. The injured worker reported symptoms in the cervical spine. The injured worker was diagnosed as having advanced degenerative disc disease at C3-4 and C6-7, disc bulging at C3-4 and C6-7, ataxic gait, acute left trapezial spasm and moderate bilateral C7 sensory dysfunction without denervation. Treatments to date have included physical therapy, status post anterior cervical discectomy and interbody arthrodesis and activity modification. Currently, the injured worker complains of cervical spine pain. The plan of care was for acupuncture treatment.

### 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 Qty:12:** 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 3-6 visits to produce functional improvement. The guideline states that

acupuncture may be extended with documentation of functional improvement. It is unclear if the patient has completed a trial of acupuncture. If the patient has received acupuncture treatments, there was no documentation of functional improvement. Based on the medical records, a current prescription for acupuncture would most accurately be evaluated as an initial trial, for which the guidelines recommend 3-6 visits. However, the provider's request for 12 acupuncture sessions to the cervical spine exceeds the guidelines recommendation of 3-6 visits. Therefore, the provider's request is not medically necessary at this time.