

<b>Case Number:</b>	CM15-0243565		
<b>Date Assigned:</b>	12/23/2015	<b>Date of Injury:</b>	11/14/2014
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	11/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/14/2015

### 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 51-year-old female, with a reported date of injury of 11-14-2014. The diagnoses include cervical spine sprain and strain with radicular complaints and thoracic spine sprain and strain. The orthopedic re-evaluation dated 10-20-2015 indicates that the injured worker reported continued intermediate, moderate neck pain with radiation to both shoulders. The objective findings include increased tone in the cervical spine with associated tenderness about the paracervical and trapezial muscles; no trigger points in the cervical spine; some guarding on examination of the cervical spine; positive Cervical Distraction Test; tenderness to palpation and spasm over the parascapular musculature bilaterally. It was noted that the injured worker was post permanent and stationary; and may continue to work with restrictions. The orthopedic re-evaluation report dated 11-11-2015 indicates that the injured worker reported continued intermediate, moderate neck pain, with difficulty rotating her neck. It was noted that she previously had eight sessions of chiropractic treatment, which decreased her pain by 30%. The injured worker stated that she has had no medication since 07-2015 and her pain had increased. She was crying and stated that she was depressed. The objective findings include increased tone in the cervical spine with associated tenderness about the paracervical and trapezial muscles; no trigger points in the cervical spine; some guarding on examination of the cervical spine; positive Cervical Distraction Test; tenderness to palpation and spasm over the parascapular musculature bilaterally. There was documentation that an MRI of the cervical spine showed evidence of a 3-4 mm disc protrusion at C5-6. The injured worker's disability status was noted as post permanent and stationary. The diagnostic studies to date have not been included in

the medical records. Treatments and evaluation to date have included Naproxen, Cyclobenzaprine, Omeprazole, acupuncture therapy, and chiropractic treatment. The medical records included the reports for seven acupuncture visits from 08-28-2015 to 09-22-2015. The acupuncture report dated 09-22-2015 indicates that the injured worker received infrared treatment to the back and massage therapy to the back, and her therapy was "good". The treatment plan was noted as the "same". The treating physician requested four (4) acupuncture visits (once a week for 4 weeks) for the cervical and thoracic spine. On 11-24-2015, Utilization Review (UR) non-certified the request for four (4) acupuncture visits (once a week for 4 weeks) for the cervical and thoracic spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture treatment for the cervical and thoracic spine, 1 time a week for 4 weeks, quantity: 4 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The patient complained of moderate neck pain with radiation to both shoulders. The provider noted that acupuncture relieved pain and increase range of motion. There was no objective quantifiable documentation regarding functional improvement from past acupuncture sessions. Additional acupuncture sessions were not demonstrated to be medically necessary. Therefore, the provider's request for 4 acupuncture sessions for the cervical and thoracic spine is not medically necessary at this time.