

<b>Case Number:</b>	CM14-0127160		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/27/2009
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is licensed in Acupuncture and Chiropractic and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55 year old male who reported neck and left hand pain from injury sustained on 07/27/09 due to cumulative trauma of working as a garbage collector for 25 years. MRI of the lumbar spine revealed 2 level mild bilateral foraminal stenosis. MRI of the cervical spine revealed central and foraminal stenosis described as moderate in the C3-4 level, severe in C4-5 level both central foraminal, severe central and foramina at C5-6, moderate to severe central canal and severe bilateral foraminal canal at C6-7. Patient is diagnosed with cervicalgia, cervical spondylosis with myelopathy; lumbosacral intervertebral disc degeneration. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 07/17/14, patient complains of neck pain which remains the same. Pain on average is 9/10, pain with medication is 7/10 and pain without medication is 10/10. Per medical notes dated 07/24/14, patient complains of neck pain which is the same. Pain is rated at 9/10 on average, pain without medication is 10/10 and pain with medication is 7/10. Examination revealed markedly tight cervical/paraspinal muscles and spastic/ tight upper trapezius. Per medical notes dated 07/24/14, provider states "in the past acupuncture greatly helped back pain". Provider is requesting 6 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 6 Sessions Cervicothoracic Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back Acupuncture

**Decision rationale:** Per MTUS- Section Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. Per medical notes dated 07/24/14, provider states "in the past acupuncture greatly helped back pain". Provider is requesting 6 acupuncture treatments. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per ACOEM guidelines chapter 8, page 175; "do not recommend Acupuncture for neck and upper back pain". Furthermore, Official Disability Guidelines: do not recommend acupuncture for neck and upper back pain. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.