

<b>Case Number:</b>	CM14-0157467		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	03/19/2010
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 & 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 51 year old female who reported neck and upper extremity pain from injury sustained on 03/19/10 due to repetitive injury. An MRI of the cervical spine revealed reversal of cervical lordosis and multilevel disc protrusion. The patient is diagnosed with cervical radiculopathy, cervical disc herniation with neural foraminal narrowing. The patient has been treated with medication, physical therapy and acupuncture. Per acupuncture progress notes dated 05/14/14, patient continues to states acupuncture provides her relief. Per medical notes dated 07/31/14, patient complains of persistent neck pain which is rated at 6/10. Pain ranges from 3-8/10. She also complains of pain in the right upper extremity. Examination revealed decreased range of motion. The patient reported 40% relief temporarily after 18 sessions of acupuncture. Provider is requesting additional 6 acupuncture treatments for the cervical spine. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six acupuncture sessions for the neck:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck pain, Acupuncture

**Decision rationale:** Per the MTUS Acupuncture 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". The patient has had prior acupuncture treatment. Per acupuncture progress notes dated 05/14/14, the patient continues to states acupuncture provides her relief. Per medical notes dated 07/31/14, the patient reported 40% relief temporarily after 18 sessions of acupuncture. 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. Furthermore, the Official Disability Guidelines do not recommend acupuncture for neck pain. Per a review of evidence and guidelines, the request is not medically necessary and appropriate.