

<b>Case Number:</b>	CM14-0158516		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Chiropractic, has a subspecialty in Acupuncture 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 57 year old male who reported neck and wrist pain from injury sustained on 09/07/12. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with cervical spine sprain/strain. Patient has been treated with medication, physical therapy and chiropractic. Medical notes were handwritten and highly illegible. Per medical notes dated 07/03/14, patient complains of flare-up of neck pain, he states Chiropractic treatment has helped. Per medical notes dated 07/24/14, patient complains of neck spasm and stiffness. Per medical notes dated 08/27/14, patient states he is unable to attend physical therapy due to work conflict. Examination revealed tenderness to palpation with muscle guarding. Provider requested 2X3 acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x week for 3 weeks:** Upheld

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 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 not had prior Acupuncture treatment. Per guidelines acupuncture is used as an option when pain medication is reduced or not tolerated which is not documented in the provided medical records. Acupuncture may be used as an adjunct to physical rehabilitation; however, per medical notes dated 08/27/14 patient is unable to attend physical therapy due to work schedule conflict. Furthermore Official Disability Guidelines do not recommend acupuncture for neck pain. Per guidelines and review of evidence, 2X3 Acupuncture visits are not medically necessary.