

<b>Case Number:</b>	CM14-0162294		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 and 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 60 year old female who reported neck and low back pain from injury sustained on 10/07/13. Mechanism of injury was not documented in the provided medical records. There were no diagnostic imaging reports. Patient is diagnosed with cervicalgia, neck sprain/strain and lumbar sprain/strain. Patient has been treated with medication and therapy. Per medical notes dated 08/13/14, patient complains of ongoing pain, stiffness in the neck and low back, radiating to left leg with numbness and tingling. Examination revealed tenderness, spasm of the paracervical and paralumbar muscles with decreased range of motion of the cervical and lumbar spine. Per medical notes dated 08/27/14, patient complains of persistent low back pain with radiculopathy to the left leg and neck pain. Examination revealed tenderness to palpation and decreased range of motion of the cervical and lumbar spine. Patient has not had prior Acupuncture treatment. Provider requested initial trial of 2 times 6 acupuncture treatments which were modified to 6 by the utilization reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks cervical and lumbar spine:** 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. Provider requested initial trial of 2 times 6 acupuncture treatments which were modified to 6 by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 2 times 6 Acupuncture visits are not medically necessary.