

<b>Case Number:</b>	CM14-0177214		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Board Certified 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 patient is a 62-year-old female with a date of injury of 1/31/2013. According to the progress report dated 9/09/2014, the patient complained of frequent cervical spine pain that was aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The pain was characterized as dull. In addition to the cervical spine, the patient complained of lumbar spine pain. The pain was described as sharp and stabbing with radiation into the lower extremities. Significant objective findings include positive axial loading compression test, limited range of motion in the cervical spine, positive Spurling's maneuver, and sensation and strength was normal. The lumbar spine exam revealed limited range of motion, positive nerve root test, tingling and numbness in L5 and S1 dermatomal pattern. Muscle strength is the EHL, ankle plantar flexors, L5, and S1 innervated muscles were 4/5. The patient was diagnosed with lumbago and cervicgia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture Sessions 2x4 for the cervical spine, lumbar spine:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guideline recommends acupuncture for chronic pain. It recommends an initial 3-6 visit with a frequency of 1-3 days per week over 1-2 months to produce functional improvement. It states that acupuncture may be extended if there is documentation of functional improvement. Upon review of the submitted documents, the patient was authorized 6 acupuncture sessions. There was no evidence that the patient has completed the initial trial. Therefore, the request for 8 acupuncture Sessions 2x4 for the cervical spine, lumbar spine is not medically necessary and appropriate.