

<b>Case Number:</b>	CM14-0177710		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/13/2014
<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 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 48 year old female who reported neck, mid back, low back and left shoulder pain from injury sustained on 07/03/12 due to a motor vehicle accident. There were no diagnostic imaging reports. Patient is diagnosed with cervical spine sprain/strain; chronic myofascitis; cervical disc protrusion; cervical spine degenerative disc disease; cervical stenosis; left periscapular strain; left shoulder trapezius myofascitis; thoracolumbar strain; chronic pain with radiating symptoms and GI symptoms. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 09/24/14, patient complains of constant neck pain, decreased range of motion with painful movement. Pain is increased when driving, since she constantly needs to rotate her neck. Patient complains of thoracic spine pain which increases with ADLs. She also complains of left shoulder pain which increases with reaching, pulling and pushing. She has low back pain which is increased with bathing, driving, sitting and standing for a long period of time. Her back tends to lock on her due to pain. Pain radiates down to the left hip and left leg. Provider is requesting 6 acupuncture sessions for cervical, thoracic, lumbar spine and left shoulder. 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:

**6 sessions of Acupuncture Therapy for the Cervical, Thoracic, Lumbar Spine and Left Shoulder:** 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". According to utilization review, patient has had prior acupuncture treatment. Per medical notes patient continues to complain of neck, thoracic spine, low back, and shoulder pain. Provider requested additional 6 acupuncture sessions. There is lack of evidence that prior acupuncture care was of any functional benefit. 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 review of evidence and guidelines, the request for 6 acupuncture treatments are not medically necessary.