

<b>Case Number:</b>	CM14-0098808		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Board Certified in Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas. 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 36 year old female who was injured on 03/15/13 when she was struck by falling fencing panels. MRI of the cervical spine dated 05/02/14 reveals desiccated intervertebral discs at C2 to 3 through C6 to C7 and 2 millimeter disc protrusions at C4 to 5 through C6 to 7 which deform the ventral thecal sac at each level. Left sided facet and uncovertebral arthrosis is noted at C3 to 4 which contributes to mild narrowing of the left neural foramen with encroachment of the left exiting nerve root. The injured worker is diagnosed with displacement of cervical intervertebral disc without myelopathy and complains of neck pain which radiates to the bilateral upper extremities and bilateral hands. This pain is associated with numbness and tingling into the fingers. The injured worker reports this pain has worsened since the date of injury. Of note, the injured worker also complains of right shoulder pain and underwent right shoulder surgery on 06/24/13. The shoulder is not included in the presenting request. Treatment for the injured worker's cervical complaints has included physical therapy with exercises, massage and electrical stimulation which was not beneficial. Records include acupuncture notes which indicate the injured worker has received acupuncture therapy to the neck. Acupuncture note dated 05/05/14 states the injured worker's condition/complaint is unchanged since the previous visit. This note indicates the injured worker denies that acupuncture helps to decrease pain, improve sleep, decrease the need for oral medications or improve level of function. Agreed Medical Evaluation dated 05/06/14 includes a physical examination of the cervical spine which is significant for palpable tenderness in the right paraspinal and trapezius musculatures, no deficits with active range of motion (AROM), reflexes, sensation or weakness were noted in relation to the cervical spine. On this date the examining provider feels the injured worker is not permanent and stationary with regard to the cervical spine and requires further treatment. Treatment is suggested to include therapy, medications and possible epidural steroid injections. The most

recent clinical note submitted is an acupuncture note dated 05/21/14 which indicates the injured worker reports no change in condition/complaint since the previous visit. A request for additional acupuncture therapy for the neck is submitted and subsequently denied by Utilization Review dated 05/27/14. This is an appeal request for 8 sessions of acupuncture therapy for the neck.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture therapy for the neck, quantity eight sessions:** Upheld

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

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

**Decision rationale:** Acupuncture Medical Treatment Guidelines Medical Treatment Utilization Schedule (MTUS) state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In this case, records do not indicate the injured worker's medications have been reduced or that the injured worker does not tolerate pain medication. There is no indication the requested acupuncture is to be used as an adjunct to physical rehabilitation. No surgeries are indicated as pending for this injured worker. Furthermore, the records do note the injured worker has received previous sessions of acupuncture to the neck with no reported improvement. Based on the clinical information provided, the request for acupuncture therapy for the neck at a quantity for eight sessions is not medically necessary.