

<b>Case Number:</b>	CM14-0153887		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	11/25/2013
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 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 upper trapezius pain from injury sustained on 12/25/13 after he reached under his desk to move his garbage can and restart his computer when he experienced sharp pain. The patient is diagnosed with brachial neuritis/radiculitis and spinal stenosis. The patient has had prior acupuncture treatment. Per acupuncture progress notes dated 08/05/14, patient reports neck pain comes back, shoulders have pain with muscle tension; cupping helps a lot. Per acupuncture progress notes dated 08/18/14, the patient still has pain in neck and shoulder, less muscle tension than before. The provider requested additional 6 acupuncture sessions for neck pain which was denied by the utilization reviewer. Per UR appeal letter dated 09/08/14, "acupuncture has proven to be a remarkably effective treatment." "His pain level improved from 7/10 prior to acupuncture to 2-3/10 after acupuncture; prior to acupuncture treatment, he was not working and with acupuncture he has been able to return to working regular duties."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) Additional Acupuncture Treatments:** 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." The patient has had prior acupuncture treatment. There is no assessment in the provided medical records (besides the appeal letter) of functional efficacy with prior acupuncture visits. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits that would substantiate a medical indication for additional care. Furthermore, Official Disability Guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, six additional acupuncture treatments are not medically necessary.