

<b>Case Number:</b>	CM14-0211768		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 65 year old male who reported headaches, neck and low back pain from injury sustained on 01/08/14 when he struck his head after the forklift bounced 3 feet off the ground twice. Patient is diagnosed with head contusion, thoracic spine sprain/strain, lumbar spine sprain/strain, post traumatic headaches, cervical spine and lumbar spine myospasm. Patient has been treated with medication, therapy, and chiropractic. MRI of the cervical spine revealed 3mm paracentral disc protrusion at C3-4 and C4-5 along with focal ligamentum flavum thickness. Per medical notes dated 09/23/14, patient complains of neck clicking upon movement, soreness, tenderness, headaches, and low back pain burning to the left leg. Examination revealed decreased cervical spine range of motion with pain, normal lumbar spine range of motion with pain and cervical and lumbar paraspinal tenderness. Provider requested 1X4 acupuncture treatments which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**acupuncture 1xweek for 4 weeks:** 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 1X4 acupuncture treatments which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Acupuncture is used as an option when pain medication is reduced or not tolerated, which was not documented in the provided medical records. Furthermore more patients' injury is to the cervical and lumbar spine, official disability guidelines do not recommend acupuncture for neck pain. Per guidelines and review of evidence, 4 Acupuncture visits are not medically necessary.