

<b>Case Number:</b>	CM14-0213066		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	04/02/1998
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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 70 year old female who reported neck and low back pain from injury sustained on 04/02/98 due to cumulative trauma. Patient is diagnosed with C5-6 and C6-7 discopathy with left sided radiculopathy; bilateral upper extremity overuse tendinopathy; status post right first carpometacarpal joint arthroscopy; L5-S1 disc herniation with Sciatica. Patient has been treated with medication, physical therapy, injection, and acupuncture. Per medical notes dated 11/07/14, patient presents today with ongoing neck and low back aching pain. She continues to experience occasional exacerbation of neck and low back with physical activity. She rates her neck pain at 7/10 and low back pain at 7/10. She states her pain has slightly increased due to cold weather. She also has right leg aching pain which is rated at 5/10. Patient continues to experience significant amount of right thumb aching pain rated at 6/10. Examination revealed decreased range of motion and tenderness to palpation of the injured areas. Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture treatments for cervical and lumbar spine. 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:

**8 sessions of acupuncture for the lumbar & cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck pain, Acupuncture.

**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 had prior acupuncture treatment. Provider requested additional 8 acupuncture treatments for cervical and lumbar spine. 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. Requested visits exceed the quantity supported by cited guidelines. ODG guidelines do not recommend acupuncture for cervical spine. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.

