

<b>Case Number:</b>	CM15-0011723		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	06/08/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: 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 61 year old male, who sustained an industrial injury on June 8, 2014. He has reported neck pain, right shoulder pain and lower back pain. The diagnoses have included neck sprain/strain, lumbar spine sprain/strain with radiculopathy, and right shoulder sprain/strain with clinical impingement. Treatment to date has included medications and chiropractic. A progress note dated December 22, 2014 indicates a chief complaint of upper and lower back pain, and right shoulder pain. Physical examination showed tenderness of the cervical, thoracic and lumbar spines with decreased range of motion. The treating physician is requesting acupuncture of the cervical spine. On January 7, 2015 Utilization Review denied the request for acupuncture citing the MTUS acupuncture guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the cervical spine, twice weekly for six weeks:** Upheld

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

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

**Decision rationale:** The reviewing the records available, acupuncture x 12 was requested on 10-21-14 by the provider. Another request was made by the same provider on 12-22-14 for acupuncture x 12. This second request did not indicated whether prior acupuncture care was rendered or not, and if it was rendered what benefits were obtained. If a patient is significantly symptomatic, an acupuncture trial for pain management and function improvement could be reasonable and supported by the guidelines. The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider request is for 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.