

<b>Case Number:</b>	CM15-0121514		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: 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 42 year old female who sustained a work related injury September 13, 2013. According to a primary treating physician's progress report, dated May 18, 2015, the injured worker presented complaining of neck pain, rated 7/10, with radiation to the right upper extremity; up the right side of her head to her ear and down the right upper extremity to her hand. She reports pins and needles and numbness in the right hand and right shoulder area, especially at night. Low back pain is present, rated 7/10, and radiates down the right lower extremity to the ankle. She is performing home exercises and also walking 30 minutes at a time. She completed 6 sessions of acupuncture, April 2015, which she reported reduced her pain and enabled her to vacuum. Over the course of care, she has also completed 12 sessions of physical therapy and 12 sessions of chiropractic therapy, with minimal relief. An MRI of the cervical spine, dated March 14, 2015, report is present in the medical record. An MRI of the right shoulder, dated November 29, 2014, report is present in the medical record. Physical examination revealed a normal heel to walk, moderate tenderness to palpation cervical midline and bilateral paraspinals with spasm. Diagnoses are cervical herniated nucleus pulposus; cervical radiculopathy; right shoulder sprain/strain. Treatment plan included a follow-up with orthopedic physician regarding the right shoulder, prescribed medication, and at issue, request for authorization for acupuncture 2 times a week for 4 weeks for the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 4 weeks neck: Overturned**

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

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

**Decision rationale:** The patient complained of neck pain with radiation into the right upper extremity. The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient completed 6 acupuncture sessions and reported reduce of pain and enable her to complete her activities of daily living such as vacuuming with less pain. The patient continues with home exercise program including walking on the beach for 30 minutes at a time. The patient also completed chiropractic and physical therapy with minimal improvement. Based on the reported functional improvement from prior acupuncture sessions, the provider's request for 8 additional acupuncture sessions is medically necessary at this time.