

<b>Case Number:</b>	CM15-0126673		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	10/30/2010
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 (IW) is a 51 year old female who sustained an industrial injury on 10/30/2010. She reported standing near a top shelf when a box weighing approximately 35 lbs. fell on top of her neck and back. She experienced a very sharp pain in the neck and back. She later began experiencing pain from the neck to the right shoulder. The injured worker was diagnosed as having pain in the thoracic spine thoracic spondylosis without myelopathy, and cervicgia. Treatment to date has included chiropractic care, acupuncture, and work hardening visits. Currently, the injured worker complains of frequent aching neck pain with pain radiating into the right shoulder. The pain level varies but is rated a 7/10 with 1 being the lowest level of pain and 10 being the maximal level. Range of motion activity increases the pain as does reaching or lifting, and with prolonged sitting or standing. Range of motion of the cervical spine is slightly decreased due to pain in all planes. Grip strength in the right (dominant) hand is 10/10/12 with the left hand being 30/30/30. She has frequent aching upper back pain that varies throughout the day but is rated a 7/10. Her pain increases with prolonged standing, twisting, walking, lifting, bending, stooping, squatting and lying down on her back. The pain is accompanied with numbness, weakness, tingling and burning sensation. The worker denies bladder or bowel problems. Range of motion of the thoracic spine is decreased in all planes due to pain. Ibuprofen and rest help relieve the pain. Medications include Naproxen, cyclobenzaprine, pantoprazole, and compounded topical creams. The plan of care includes testing and acupuncture. A request for authorization is made for the following: Acupuncture, Cervical Spine, 2 times weekly for 6 wks., 12 sessions.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture, Cervical Spine, 2 times wkly for 6 wks, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support extension of acupuncture care for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Although on 03-06-15 six acupuncture sessions were authorized, it is unreported whether those sessions were completed and gains obtained. Therefore an assessment of whether additional care is needed is unknown until the authorized care has been completed and the gains, if any, are assessed. Secondly, the request is for acupuncture x 12, number that exceeds the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 12 is not supported for medical necessity.