

<b>Case Number:</b>	CM15-0043279		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	01/25/1999
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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 47-year-old male, who sustained an industrial injury on 1/25/1999. The current diagnoses are cervical disc degeneration, disc displacement of the cervical spine, cervical radiculitis, and chronic pain. According to the progress report dated 1/13/2015, the injured worker complains of neck pain that radiates to the bilateral shoulders down the upper extremities to the hands/fingers. She notes frequent numbness in the bilateral upper extremities to the level of the hands. The pain on average is rated 6/10 with medications and 10/10 without. Additionally, she reports ongoing occipital headaches. The current medications are Enovarx-Ibuprofen, Cyclobenzaprine, Tramadol, Gabapentin, Valium, Norco, and Naloxone. Treatment to date has included medication management, MRI, and cervical epidural steroid injection (not as effective as the previous epidural). The plan of care includes 4 acupuncture sessions to the neck, home exercise program, medication refill, and urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 4 sessions for the neck:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck pain/ Acupuncture.

**Decision rationale:** It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial of care. Provider requested 4 acupuncture sessions for the cervical spine which were non-certified by the utilization review. Medical records do not indicate reduction in pain medication or concurrent physical rehabilitation, which would necessitate acupuncture treatment. ODG and ACOEM guidelines do not recommend acupuncture for neck pain. Per review of evidence and guidelines, 4 acupuncture treatments are not medically necessary.