

<b>Case Number:</b>	CM15-0067232		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	05/04/2014
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 26 year old female, who sustained an industrial injury on 5/4/14. The injured worker has complaints of neck pain; shoulder/trapezial pain and back pain. The diagnoses have included cervical pain; cervical herniated nucleus pulposus (HNP); lumbar pain; lumbar herniated nucleus pulposus (HNP) and temporomandibular joint syndrome. Treatment to date has included magnetic resonance imaging (MRI) on 7/15/14 revealed unremarkable magnetic resonance imaging (MRI) of the temporomandibular joints and no evident for disc derangement or dislocation; computerized tomography (CT) scan of the brain; physical therapy; yoga; naproxen for pain; flexeril for muscle relaxant; tizanidine for her pain and muscle spasms; acupuncture and nortiptyline. The request was for eight acupuncture two times a week for four weeks for the cervical area as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight acupuncture two times a week for four weeks for the cervical area as an outpatient:**  
Overturned

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

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

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for chronic neck, bilateral upper trapezius, temporomandibular joint and low back pain. An MRI of the cervical spine had shown multilevel mild spondylosis and EMG/NCS testing and imaging of the temporomandibular joints had been negative. Prior treatments have included massage therapy, physical therapy, and acupuncture. Case notes reference completion of 8 acupuncture treatments with 90% improvement. Authorization for an additional 8 sessions of physical therapy and acupuncture was requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the claimant has benefitted from the treatments provided. The optimum duration of treatment is 1 - 2 months with treatments 1 -3 times per week. In this case, the number of treatments is within the guideline recommendation and is medically necessary.