

<b>Case Number:</b>	CM15-0070526		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	06/25/2008
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 41 year old female, who sustained an industrial injury on 6/25/2008. Diagnoses include residual scarring versus chronic nerve damage at left C6, status post anterior cervical decompression with fusion at C5-6 and C6-7 with residuals of neck and arm pain on the left, left sided inguinal hernia (industrial in need of repair), anxiety, depression and weight loss, transitional syndrome with stenosis and disc protrusion at C4-5, sleep disorder secondary to industrial injury, and acute exacerbation sprain/strain status post multiple surgeries. Treatment to date has included diagnostics, medications, selective nerve root block and multiple surgical interventions. Per the Primary Treating Physician's Progress Report dated 3/24/2015, the injured worker reported constant moderate headaches rated as 5-6/10 with radiation to the left upper extremity down into the forearm in the C6 dermatome distribution. He also reports constant moderate low back pain rated as 4-5/10 with radiation to the right buttock and thigh and down the right lower extremity. His left upper extremity radicular pain and paresthesias is worsening at this time. Physical examination of the cervical spine revealed range of motion of flexion 30/50 degrees, extension 20/60 degrees, right rotation 50/80 degrees, left rotation 40/80 degrees, right lateral bend 10/45 degrees and left lateral bend 10/45 degrees. Spurling's test was positive on the left. The plan of care included injections and medications. Authorization was requested for acupuncture (2x4) for the cervical spine and left upper extremity.

### 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 and Left Upper Extremity, twice a week for four weeks:** Upheld

**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 constant moderate low back pain with radiation to the right buttock. The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patients received acupuncture treatment in the past. The provider reported that symptoms improved approximately 50% with acupuncture treatments. There was no objective quantifiable documentation regarding functional improvement from prior acupuncture sessions. Therefore, the provider's request for 8 acupuncture sessions for the cervical spine and left upper extremity is not medically necessary at this time.