

<b>Case Number:</b>	CM15-0091950		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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 52 year old female who sustained an industrial injury on 01/19/2011. Mechanism of injury was cumulative, due to the repetitive nature of her employment. She developed headaches as well as the onset of pain in her neck and bilateral upper extremities. Diagnoses include status post multilevel cervical fusion with residual neck pain and bilateral upper extremity radiculopathy, fibromyalgia, anxiety and depression and bilateral carpal tunnel syndrome. Treatment to date has included diagnostic studies, status post cervical discectomy, arthrodesis C5-6 (01/04/2012), status post anterior cervical disc fusion (07/16/2013), physical therapy, wrist braces, 2 cervical epidural steroid injections, and acupuncture x 8. She states acupuncture helped to reduce her pain by 30%, although temporary, and improved relaxation. She has less anxiety and attempted to reduce medications following acupuncture. She had less pain when performing her day to day activities. She also noted improvement with overall use of her upper extremity. She also states she had some improvement in strength. She is able to perform light household chores. Medications include Gabapentin, Norco, Celebrex, and Dendracin lotion. She also takes Wellbutrin and Celexa from her Psychiatrist. A physician progress note dated 04/23/2015 documents the injured worker remains symptomatic with neck and upper extremity pain. She has pain over the mid and low back. Her muscle spasms have slightly decreased, and she also feels less anxious. She rates her pain as 5 out of 10 with medications and 9 out of 10 without medications. The injured worker has decreased pain and improvement in function with her pain medications. On examination of the cervical spine there is tenderness from C1 to T1 and 1 to 2+ muscle spasm. Range of motion is restricted. She has

marked tenderness to palpation over shoulders, elbows and both wrists. She has multiple tender points including posterior occipital, cervical spine, bilateral elbows, bilateral hips and bilateral knees. The treatment plan included medications: Norco, Gabapentin and Celebrex. Treatment requested is for Acupuncture x 9, neck. She had left wrist surgeries in May 2015.

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

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

**Acupuncture x 9, neck:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with subjective benefits. However, the provider fails to document any objective functional improvement associated with acupuncture treatment. If this is a request for post-surgical acupuncture, and initial trial needs to be requested for six or less. As requested, nine sessions of acupuncture is not medically necessary.