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| <b>Case Number:</b>   | CM14-0206825 |                              |            |
| <b>Date Assigned:</b> | 12/18/2014   | <b>Date of Injury:</b>       | 03/05/1998 |
| <b>Decision Date:</b> | 12/21/2015   | <b>UR Denial Date:</b>       | 11/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/10/2014 |

### 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, Montana

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 61 year old female, who sustained an industrial injury on 3-5-98. Medical records indicate that the injured worker is undergoing treatment for cervical degenerative disease, right lateral epicondylitis, chronic cervical stenosis, chronic right cervical six radiculopathy, chronic right ulnar neuropathy at the elbow and chronic pain syndrome. The injured worker is currently working four days a week. On (11-10-14) the injured worker complained of a flare-up of cervical pain and was requesting trigger point injections. Examination of the cervical spine revealed tenderness of the right upper trapezius area. Range of motion was noted to be unchanged. Grip strength was 4-5 on the right. Sensation to light touch was intact in all dermatomes. A Spurling's maneuver was negative. Bilateral upper extremities strength was normal. The injured worker had trigger point injections performed, which were tolerated well. The treating physician recommended a course of acupuncture to manage the flare-up. Treatment and evaluation to date has included medications, MRI of the cervical spine, cervical x-rays, electrodiagnostic studies, trigger point injections, epidural steroid injections, functional capacity evaluation, physical therapy, home exercise program and right carpal tunnel decompression surgery in 1998. Current medications include Tramadol HCL. The current treatment request is for acupuncture 2 times a week for 3 weeks. The Utilization Review documentation dated 11-20-14 non-certified the request for acupuncture 2 times a week for 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x3 weeks for cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.