

<b>Case Number:</b>	CM13-0017968		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in chiropractic & Acupuncture, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 41 year old male who was involved in a work related injury on 3/19/12. Claimant has low back pain and intermittent radiculopathy to the right leg. He also has mid back pain radiating to the stomach. His primary diagnoses are left shoulder impingement syndrome, sprain/strain to the cervical spine with radiculopathy, sprain strain of the thoracic spine with a 5mm disc herniation at the T10-T11 level, right shoulder impingement, and history of lower extremity radiculitis. Prior treatment includes physical therapy, acupuncture, chiropractic, cortisone shots in the right shoulder, epidural injections, right shoulder arthroscopy, post operative physical therapy. Prior acupuncture therapy was noted to have a "temporary benefit," according to a PR-2 on 8/27/2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 time a week for 5 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture treatment after an initial trial is medically necessary based on documented functional improvement. The

claimant has had an initial trial of acupuncture and there was only "temporary benefit" noted as per PR-2 on 8/27/2012. There is no other documentation as to why acupuncture may yield different results. Therefore 6 more acupuncture visits are not medically necessary.