

<b>Case Number:</b>	CM13-0032389		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/28/2008
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Physical Medicine and Rehabilitation 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:

Patient with DOI 1/28/2008 from falling off a chair with back and left shoulder pain. Patient had shoulder arthroscopy and had chiropractic and acupuncture for the shoulder. Patient also had ESI for the lower back. TENS unit helped improve symptoms. PE showed reduction of ROM in the cervical and lumbar spine with tenderness. Positive trigger points and spasm. Neuro exam was normal. Diagnosis: Chronic neck pain, Cervical DDD, chronic back pain, myofascial pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Prospective Acupuncture Sessions for the Cervical and Lumbar Spine, 1-2x/wk for 6 weeks.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 9.

**Decision rationale:** There was no documentation in the chart of functional improvement with previous acupuncture. Therefore the request for 12 additional visits is non-certified particularly in this case with DOI in 2008. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement:

3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months.Acupuncture treatments may be extended if functional improvement is documented asdefined in Section 9792.20(ef). It is beyond the scope of the Acupuncture.