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| <b>Case Number:</b>   | CM13-0037834 |                              |            |
| <b>Date Assigned:</b> | 12/20/2013   | <b>Date of Injury:</b>       | 01/04/2001 |
| <b>Decision Date:</b> | 02/20/2014   | <b>UR Denial Date:</b>       | 10/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/24/2013 |

### 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. The expert reviewer is Board Certified in Chiropractic, has a subspecialty in 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 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/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:

The patient is a 64 year old female with a date of injury of 01/04/2001. According to the progress report dated 10/10/2013, the patient continues to complain of chronic pain in the upper trapezii. In addition, the patient complains of pain when doing her activities of daily living as before. The patient stated that electro acupuncture has always helped this pain for about 6 weeks at a time. This has eliminated the need to take narcotic pain medications or muscle relaxant medications and allowed her to do activities of daily living. Significant objective findings include pain and spasms in the rhomboid and trapezius muscle in the right shoulder. The patient experienced bilateral pain in the acromioclavicular joints. There was tenderness and pain in the cervical spine. The patient was diagnosed with chronic pain and strain of the shoulder and trapezius muscles bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture sessions QTY 6:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment Guidelines state that acupuncture treatment may be extended if functional improvement is documented as defined in section 9792.20(f). According to the medical records, there was evidence that the patient had prior acupuncture sessions. The patient reported that acupuncture has always helped with her pain for about 6 weeks at a time and eliminated the need to take narcotic pain medications or muscle relaxant medications and has allowed her to do her activities of daily living. The provider failed to document functional improvement with acupuncture. Records indicate that the patient continued to take Ibuprofen 800 mg three times a day for pain. In addition, the patient's objective findings remained the same from previous office visits. There was no documentation of the type of activities of daily living that the patient was able to perform from acupuncture treatment. Based on the discussion above, the provider's request for an additional 6 acupuncture sessions is not medically necessary at this time.