

<b>Case Number:</b>	CM13-0038411		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	11/09/2010
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 and 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:

The injured worker is a 58 year old female who reported neck pain, Low back pain, right shoulder pain from injury sustained on 11/9/10. Patient slipped on a freshly waxed floor and landed on her right buttock with arm stretched. MRI of Lumbar spine dated 2/3/11 revealed mild foraminal stenosis at L5-S1. MRI dated 3/2/11 of the cervical spine revealed mild desiccation of C4-C5 and C5-C6. MRI of right shoulder dated 3/13/12 revealed moderate, diffuse tendinosis of supraspinatus and Scapularis. X-rays of Lumbar spine revealed Lower facet degenerative Arthritis and decreased disc space. EMG/NCV revealed bilateral carpal tunnel. Patient was diagnosed with Cervical and Lumbar spine herniated nucleus pulposus, Cervicalgia, Low back syndrome, Impingement bursitis of shoulder and carpal tunnel syndrome. Patient was treated with Medication, Physical Therapy and Acupuncture. She reported symptomatic improvement but there was lack of functional improvement. Patient has temporary relief with Acupuncture treatment. Per notes dated 9/5/13, she has back pain radiating down the right buttock/ leg, constant right knee pain and decreased range of motion. Per notes dated 10/17/13, low back pain ins 7/10, right knee pain radiating down to the foot, neck pain which is throbbing and right arm pain which was 8/10 with numbness. Patient hasn't had any long term symptomatic or functional relief with conservative care. She continues to have pain and flare-ups.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**acupuncture 2 times a week for 6 weeks, to the right shoulder, cervical and lumbar areas:**  
Upheld

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

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

**Decision rationale:** MTUS Acupuncture Medical treatment Guidelines indicate that acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement: 3-6 treatments with frequency: 1-3 times per week and optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient had prior Acupuncture care with temporary pain relief; there was lack of functional improvement with treatment. Per documentation provided, she continues to have pain and there was no decrease in medication intake or increase in functional capacity. Per review of evidence and guidelines, 2 times a week for 6 weeks acupuncture visits are not medically necessary.