

<b>Case Number:</b>	CM13-0045547		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/07/2012
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 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 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 injured worker is a 59 year old male who reported shoulder and low back pain from injury sustained on 03/07/12. Patient was picking up and carrying grass rolls when he felt his back go out. MRI of the shoulder revealed full thickness tear of the supraspinatus portion of the rotator cuff as well as acromioclavicular joint degenerative change. MRI of the lumbar spine revealed multilevel diffuse disc protrusion. Patient was diagnosed with lumbosacral sprain; backache; sprain of lumbar region; sprain shoulder/arm; post surgical status. Patient has been treated with medication, physical therapy, epidural injection and acupuncture. Per notes dated 07/12/13, the patient states that his pain levels persist despite conservative modalities. Per notes dated 10/01/13, patient complaints of constant lumbar pain rated 8/10 with radiation, numbness and tingling to the right foot greater than left foot; right shoulder pain rated 8/10. Per notes dated 12/7/13, patient underwent 20-30 sessions of physical therapy which provided temporary relief. He underwent 6 sessions of shock therapy which also provided temporary relief; plus he underwent acupuncture treatment for the low back without any relief of symptoms. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE TWICE A WEEK FOR FOUR WEEKS FOR THE RIGHT SHOULDER AND LOW BACK:** Upheld

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "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. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment for his low back pain. There is lack of evidence that prior acupuncture care was of any functional benefit. Patient has not had any acupuncture for his shoulder; however 3-6 visits are sufficient for initial course of Acupuncture 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. Per review of evidence and guidelines, 2X4 acupuncture treatments are not medically necessary.