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| <b>Case Number:</b>   | CM13-0052137 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 01/29/2013 |
| <b>Decision Date:</b> | 08/06/2014   | <b>UR Denial Date:</b>       | 11/07/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/15/2013 |

### 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 60-year-old male with a date of injury of 1/29/2013. According to the report dated 10/17/13, the patient complained of cervical spine and left shoulder pain with radiation into the left upper extremity and low back pain. There was numbness in the right upper extremity. Significant objective findings include decrease range of motion the cervical spine as well as the bilateral shoulders. The lumbar exam showed decrease range of motion, straight leg rising at 60 degrees caused complaints in the lumbar spine. Flip test was positive. Lasegue's, Cram's, and Fabere's test were negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE, 6 SESSIONS:** Upheld

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

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

**Decision rationale:** The acupuncture medical treatment guideline states that acupuncture treatment may be extended if there is documentation of functional improvement. Records indicated that the patient completed at least 6 acupuncture sessions. There was no evidence of functional improvements for the trial acupuncture session. In addition, the provider noted that the

patient has failed conservative treatment, which includes acupuncture, medications, activity modification, and home therapy regimen via use of a H-wave unit in the report dated 8/7/2013. The request for 6 acupuncture sessions is not medically necessary due to the lack of documentation of functional improvement.