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| <b>Case Number:</b>   | CM13-0053874 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 01/29/2013 |
| <b>Decision Date:</b> | 03/12/2014   | <b>UR Denial Date:</b>       | 10/24/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/18/2013 |

### 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 licensed 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 43 year old male who reported neck, shoulder and low back pain from injury sustained on 1/29/13. Patient went to sit down on the chair and it collapsed causing him to fall. Patient was diagnosed with cervical sprain/strain with radiculitis, thoracic spine sprain/strain, Lumbar spine sprain/strain and left shoulder sprain/strain. Patient was treated with Chiropractic, Acupuncture, Physical Therapy and medication. Patient had unknown number of Acupuncture visits. Hand written progress notes dated 5/8/13 were not legible. Per notes dated 11/18/13, "neck pain is 6/10, low back pain 7/10, shoulder pain 6/10; Chiropractic and Acupuncture helps to decrease pain". He hasn't had any long term symptomatic or functional relief with Acupuncture care. Patient continues to have pain and flare-ups. He still remains symptomatic and out of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 initial acupuncture visits for the left shoulder, 2 times a week for six weeks, Outpatient:**  
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". Per progress notes dated 5/8/13, the patient has had prior Acupuncture treatment, total visits unknown. Patient's progress with Acupuncture was not documented. There was lack of functional improvement with treatment. Per MTUS guidelines, in order to extend treatment there has to be objective functional improvement documented. Per review of records and guidelines, Acupuncture visits 2X6 are not medically necessary.