

<b>Case Number:</b>	CM13-0055026		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	03/02/2005
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Medicine 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 52-year-old who reported neck, low back and left shoulder pain from injury sustained on March 2, 2005. MRI of the lumbar spine revealed multilevel circumferential annular bulge. MRI of the cervical spine revealed C6-7 annular bulge, C5-6 moderate neuroforaminal and central canal stenosis; C3-5 2mm anterolisthesis. MRI of the shoulder revealed mild rotator cuff tendinosis, fraying of superoposterior labrum and mild acromioclavicular arthrosis. Patient is diagnosed with cervical facet syndrome, cervical pain, shoulder pain, pain in joint-leg, lumbar radiculopathy and low back pain. Patient has been treated with medication, physical therapy, chiropractic and acupuncture. Per notes dated December 17, 2013, patient reports acupuncture has been helpful in decreasing acutely flared pain from 8/10-6/10 and also able to increased restricted range of motion. Patient also states she did not have to use Percocet or escalate use of opioid meds for higher level of pain with acupuncture treatments. Per notes dated April 14, 2014, patient complains of frequent cervical spine pain. Pain is increased with repetitive flexion, extension and rotation. Pain is relieved with medication and chiropractic manipulation. Patient complains of moderate frequent low back pain with radiation to the left lower extremity which occurs 30% of the time. She also complains of left shoulder pain which is moderate to severe. Pain is exacerbated by overhead work as well as internal and external rotation. Pain is better with acupuncture and medication. She is working fulltime without any restrictions. Medical reports reveal evidence of significant changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 ADDITIONAL VISITS OF ACUPUNCTURE FOR NECK, BACK AND SHOULDERS:**

Overtured

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the Acupuncture Medical treatment Guidelines, "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: three to six treatments. 2) Frequency: one to three times per week. 3) Optimum duration: one to two months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. There is evidence that prior acupuncture care was of functional benefit. Per medical notes dated December 17, 2013, patient reports acupuncture has been able to increase restricted range of motion and able to tolerate pain without use of opioids. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved significant objective functional improvement to warrant treatment. Additional visits may be rendered if the patient has documented objective functional improvement. According to the Acupuncture Medical Treatment 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 or decrease in medication intake. The request for six additional visits of acupuncture for neck, back and shoulders is medically necessary and appropriate.