

<b>Case Number:</b>	CM13-0057085		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/07/2005
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 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 67 year old female who reported neck, right shoulder, right arm and right wrist pain from injury sustained on 01/07/05. Patient sustained the injury due to cumulative trauma of driving a bus. MRI of the right shoulder revealed supraspinatus tendinosis. MRI of the cervical spine revealed extensive disc osteophytes at level C2-T1. EMG of the right upper extremity revealed minimal median nerve compression. Patient was diagnosed with cervical disc degeneration, cervical radiculopathy, shoulder pain, extremity pain and carpal tunnel syndrome. Patient has been treated with medication, physical therapy, epidural injections and acupuncture. Patient was re-evaluated after 6 visits to determine if care has been beneficial and/or if further treatment is necessary. Per notes dated 12/18/13, "pain level has increased since last treatment; acupuncture keeps pain stable, pain is 8/10". "With medicine, patient states her pain is decreased 80% for 4 hours". Patient reported symptomatic improvement for the first 6 visits but lack of functional improvement. 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 as she continues to be symptomatic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for Acupuncture 12 additional sessions:** Upheld

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

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

**Decision rationale:** Per the 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. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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, 12 acupuncture treatments are not medically necessary.