

<b>Case Number:</b>	CM13-0061356		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 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 74 year old male with pain complains of right shoulder and lower back. The diagnoses included chronic neck pain, shoulder pain, spondylosis lumbosacral. The previous treatments include surgery (shoulder arthroscopy), oral medication, physical therapy, acupuncture (number of sessions were not documented, gains reported as "relieving the pain 60 %"), and work modifications amongst others. As the patient continued significantly symptomatic, with reduced function-ADLs, a request for acupuncture x12 was made on 10-28-13 by the PTP. The requested care was denied on 11-05-13 by the UR reviewer.

### 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 six weeks to the right shoulder/lumbosacral spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The current guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of

acupuncture sessions already rendered (reported as beneficial in reducing symptoms), the patient continues symptomatic (VAS 7/10 with medication), taking oral medication (PR2 from PTP dated 10-18-13) and no evidence of sustained, significant, objective functional improvement was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x12 is not supported for medical necessity.