

<b>Case Number:</b>	CM13-0071037		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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, 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 claimant is a 65 year old female who sustained a work related injury on 5/25/2012. Prior treatment includes physical therapy, chiropractic, cortisone shots, bracing, TENS, and oral medication. Per a report dated 10/3/2014, the claimant has right shoulder blade pain which spreads through the right trapezius and into the right side of her head and then goes down into the shoulder and arm. She also has pain in the right shoulder. This pain is burning and tingling down to her hand. The provider is requesting a facet injection because the claimant has failed conservative management. Her diagnoses are cervical spin disc disease, facet syndrome and radiculopathy, right shoulder sprain/strain, and right carpal tunnel syndrome. Per a report dated 11/18/2013, the claimant has constant neck pain, upper back pain, right shoulder pain, numbness, weakness, and stiffness. She also has right arm and elbow pain, headache, and dizziness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE 2XWK X 6WKS THORACIC:** Upheld

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

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

**Decision rationale:** According to the MTUS Acupuncture Guidelines, an initial trial of acupuncture consists of six or less visits. A request for twelve visits exceeds this recommended number of visits. Also the provider has stated that the claimant has failed conservative management and is requesting facet blocks. It is unclear why he is requesting acupuncture if he is requesting facet injections as well. The request is not medically necessary and appropriate.