

<b>Case Number:</b>	CM14-0015994		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	10/10/2007
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

Patient is a 60-year-old female who has submitted a claim for shoulder impingement, and cervicalgia with some foraminal narrowing associated with an industrial injury date of 10/10/07. Medical records from 2013 were reviewed which showed consistent pain in shoulder and neck. Pain radiated from the neck to the left shoulder and left arm. Physical exam of the cervical spine showed pain with Spurling maneuver. Paraspinal cervical muscle spasm was noted. Shoulder examination revealed no asymmetry. Speed, O'Brien and Gerber lift-off tests were negative. MRI of the left upper extremity joint done on 9/17/2013 showed Bufod complex with no evidence of labral tear. There was mild to moderate acromioclavicular arthrosis. Chronic tendinosis of the supraspinatus with probable reactive chronic changes in the greater tuberosity was noted. MRI of the cervical spine done on 9/17/2013 showed consistent mild progression of degenerative changes. There is a progressive mild levoscoliosis with progressive degenerative endplate change most marked at the L4-L5 level on the right. No evidence of abnormal signal intensity involving the region of the conus medullaris. There is persistent appearance of increased thickness of the nerve roots at the L1-L2, L2-L3, L3-L4 and L4-L5 levels again consistent with arachnoiditis. Clinical correlation is suggested. Treatment to date has included physical therapy sessions. Utilization review done on 1/30/2014 denied the request for acupuncture for cervical spine and left shoulder (no frequency and duration) because guidelines recommend that acupuncture may be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. There was no indication that the patient is actively seeking physical rehabilitation or surgical intervention for the alleged injuries. Therefore, acupuncture was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ACUPUNCTURE FOR CERVICAL SPINE AND LEFT SHOULDER (NO FREQUENCY AND DURATION): Upheld**

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

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

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation to hasten functional recovery. The time to produce functional improvement is after 3-6 treatment sessions with an optimum duration of 1-2 months. In this case, patient already had physical therapy sessions since 8/12/13 to 10/9/13 with a total of 6 sessions. There was functional improvement with a reduction of pain to 3/10 with treatment. Patient meets the guideline criteria of an adjunct physical rehabilitation since she already completed 6 sessions of physical therapy to date. However, the present request of acupuncture sessions did not mention the duration and frequency needed. Therefore, the request for acupuncture for cervical spine and left shoulder (no frequency and duration) is not medically necessary.