

<b>Case Number:</b>	CM14-0017730		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/01/2009
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 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 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 51 year old female who reported neck and shoulder pain from injury sustained on 8/1/09 due to repetitive motion and lifting. MRI of the cervical spine was unremarkable. MRI of the left shoulder revealed relatively mild degenerative changes at AC joint. EMG was unremarkable. Patient is diagnosed with cervical strain; cervical radiculopathy; headaches and left shoulder impingement syndrome. Patient has been treated with medication, therapy and acupuncture. Acupuncture progress notes dated 11/12/13 reveal that she continues to have pain in the neck and shoulder. Per notes dated 11/15/13, patient is following up for her left shoulder impingement and neck pain. She has been undergoing acupuncture which does help. Per notes dated 12/13/13, patient is following up regarding her neck and left shoulder pain. She has been receiving acupuncture and is doing fairly well. She did have less spasm and pain over the past 2 weeks. 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. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant 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:

**ACUPUNCTURE TREATMENT FOR THE NECK QTY: 12.00:** Upheld

**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:** Per 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. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Furthermore requested visits exceed the maximum quantity supported by cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. 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.