

<b>Case Number:</b>	CM14-0137913		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 44 year old male who reported neck, low back and shoulder pain from injury sustained on 04/05/13 while he was reaching overhead pipe, he felt pain in his shoulder and arm; low back and neck pain are due to cumulative trauma from 01/10/10-08/02/13. MRI of the cervical spine revealed neural foraminal narrowing at C4-C5, C5-C6, C6-C7 and C7-T1. MRI of the lumbar spine revealed non-specific straightening of normal lordosis; L3-4 posterior disc bulge with mild canal stenosis and L4-5 2mm posterior disc bulge. MRI of the left shoulder revealed Subchondral cyst formation, acromioclavicular osteoarthritis, supraspinatus tendinitis and infraspinatus tendinitis. MRI of the right shoulder revealed acromioclavicular osteoarthritis, supraspinatus tendinitis and infraspinatus tendinitis, possible paralabral cyst. Patient has been diagnosed with displacement of lumbar spine IVD without myelopathy; lumbar radiculopathy; cervical radiculopathy; displacement of cervical IVD without myelopathy; bilateral shoulder sprain with acromioclavicular osteoarthritis and tendinitis. Patient has been treated with medication, therapy, extensive acupuncture. Per medical notes dated 03/03/14, patient states he has been receiving acupuncture 2X week and the improvement is limited. Per acupuncture progress notes dated 03/25/14, patient reports 10 % overall improvement. Per medical notes dated 06/09/14, patient complains of neck pain rated 7/10, low back pain rated 7/10, right shoulder pain rated 7/10 and left shoulder pain rated 5/10. Patient complains of increased anxiety, depression and worsening loss of appetite. Examination revealed decreased range of motion of cervical spine, lumbar spine and bilateral shoulder. Per acupuncture progress notes dated 08/28/14, patient complains of pain rated between 4-6/10; he is able to sit longer. 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:

**8 sessions of acupuncture (2x4): Upheld**

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 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. Patient has had extensive acupuncture treatments but he remains symptomatic. Per medical notes dated 03/03/14, patient states he has been receiving acupuncture 2X week and the improvement is limited. Per acupuncture progress notes dated 08/28/14, patient complains of pain rated between 4-6/10; he is able to sit longer. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. 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 or decrease in medication intake. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.