

<b>Case Number:</b>	CM14-0032568		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/07/2003
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Chiropractic has a subspecialty 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 injured worker is a 55 year old male who reported neck and shoulder pain from injury sustained on 04/07/03 due to cumulative trauma. MRI of the cervical spine revealed multilevel spondylosis causing mild spinal stenosis at C3-4 with foraminal narrowing and severe spondylosis at C7-T1 with grade 1 anterolisthesis of C7-T1. Patient is diagnosed with chronic right shoulder pain. Status post right shoulder surgery; chronic neck pain and degeneration of cervical intervertebral disc. Patient has been treated with medication, steroid injection, therapy, chiropractic and acupuncture. Patient was seen for a total of 20 acupuncture visits. Acupuncture progress notes dated 12/4/13 state that after taking a month break with acupuncture, patient has returned with increases pain and decreased functional ability. He states that his right shoulder really bothers him and pain is rated at 8/10. Acupuncture progress notes dated 12/20/13 state that the patient returns with severe pain in his neck and shoulders. He reports having throbbing pain in his upper back, especially between his shoulder blades. However, he states that acupressure helps his pain a lot. Per medical notes dated 1/29/14, patient continues to experience neck and shoulder pain. Pain is rated at 8/10 before medication and 4-5/10 without medication. Report states that acupuncture was significantly helpful. He tried weaning off Norco but could not handle it. 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. 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.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX ACUPUNCTURE SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines pages 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. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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, 6 acupuncture treatments are not medically necessary.