

<b>Case Number:</b>	CM14-0036345		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	03/09/1998
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 applicant is a represented female employed as a [REDACTED] for the [REDACTED] [REDACTED] who has filed a claim for an industrial injury to her neck and right shoulder. In March of 1998, the applicant was kneeling on the ground in front of a file cabinet that fell forward and on to her right side of her neck. She experienced pain immediately following the incident. Her diagnoses are shoulder pain, cervical spondylosis without myelopathy, cervical disc degeneration, and neck pain. She has been treated with multiple and extensive conservative methods, including physical therapy, acupuncture, home exercise programs, work modifications and pain medication including opiates, muscle relaxants, anti-inflammatory and sleeping medications. In 2004, she underwent shoulder arthroscopy, manipulation under anesthesia and a bursectomy. In 2000, an MRI of the applicant's cervical spine, revealed bulging discs and mild narrowing with minimal degeneration and as a follow-up MRI in 2005, her conditioned worsened revealing non-compressive disc protrusions. In 2005 and then again in 2012, the applicant underwent steroid injections where the latter alleviated about 75% of the applicants pain and increased her functionality around the house and decreased her pain medications by 2/3rd. Physical exam reveals left shoulder forward flexion 105 degrees, internal rotation 45 degrees. Left shoulder pain resolves with motion past 105 degrees of forward flexion, left rotator cuff weakness. There is right trapezius spam to palpation and decreased sensation in the right C7 and C8 distribution, 4/5 strength globally in the upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX (6) ACUPUNCTURE SESSIONS:** Upheld

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

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

**Decision rationale:** Per California MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated and is used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The usual frequency of treatments is 1 to 3 times per week; 3 to 6 treatments with an optimum duration of 1 to 2 months. Treatments may be extended if functional improvement is documented. There is no documentaiton of functional improvement with previous acupuncture treatments. Medical necessity for the requested service has not been established. The requested service is not medically necessary.