

<b>Case Number:</b>	CM14-0067946		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 licensed in Chiropractic Care 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 47 year old male who reported neck, mid back, low back and right shoulder pain from injury sustained on 05/25/12. Mechanism of injury is not documented in the provided medical records. MRI of the lumbar spine revealed mild disc degeneration at L4-5 without evidence of neural impingement; 3mm left posterolateral disc protrusion at L5-S1 resulting in mild foraminal encroachment. MRI of the cervical spine revealed 2.5-3mm central disc protrusion at C7-T1. MRI of the right shoulder revealed mild to moderate distal supraspinatus tendinosis; mild changes of bursitis; pre disposition towards rotator cuff impingement syndrome. The patient is diagnosed with displacement of cervical intervertebral disc without myelopathy; displacement of lumbar intervertebral disc without myelopathy; coracoclavicular ligament sprain and unspecified derangement of joint- shoulder. Per medical notes dated 10/16/13, the patient complains of persistent right shoulder pain and he notes that his previous injection lasted 4 weeks, and then his symptoms recurred. Examination revealed decreased range of motion. The provider is recommending 6 acupuncture visits. It is unclear if the patient has had prior acupuncture. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 time per week for 6 weeks for the lumbar, thoracic and cervical spine and right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acupuncture.

**Decision rationale:** 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 is 3-6 treatments. Frequency is 1-3 times per week, and optimum duration of treatment is 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. It is unclear if the patient has had prior acupuncture treatment. Per utilization review, patient was noted with 12 authorized acupuncture visits. It is unclear if the authorized treatments were administered. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits (if administered). 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. Additionally ODG Guidelines do not recommend acupuncture treatment for neck pain. Per review of the evidence and guidelines, 6 acupuncture treatments are not medically necessary.