

<b>Case Number:</b>	CM14-0072997		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	08/10/1999
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 & 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 67 year old male who reported bilateral shoulder, neck and low back pain from an injury sustained on 08/10/99 due to cumulative trauma. There were no diagnostic imaging reports. The patient is diagnosed with bilateral shoulder pain, neck pain and low back pain. The patient has been treated with extensive acupuncture. Per acupuncture progress notes dated 11/19/13, low back pain is rated at 5/10, shoulder and neck pain was 5/10 prior to treatment and now is 1/10. The patient reported no improvement in activities of daily living. Per acupuncture progress notes dated 05/03/14, the patient complains of neck pain, bilateral shoulder, and low back pain. Pain intensity has been reduced. There is an 80% reduction of neck and bilateral shoulder pain, and up to 50% temporary reduction of low back pain depending on activity. Neck and bilateral shoulder pain rated at 5/10 prior to treatment, now it is at 1/10; low back was 5/10 and now is 5/10. The patient reported no improvement in activities of daily living. The patient had increase in range of motion. The provider is requesting additional acupuncture 2 treatments per month for 4 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of acupuncture distributed as two sessions per month for four months:**

Upheld

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

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

**Decision rationale:** Within the medical records provided for review, there is no recent exacerbation reported and there is a lack of documentation of functional deficits. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The 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. As such, the request is not medically necessary and appropriate.