

<b>Case Number:</b>	CM14-0088156		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/18/1999
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 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 60 year old male who reported neck and bilateral shoulder pain from injury sustained on 03/18/99. Mechanism of injury is not documented in the provided medical records. MRI (10/20/10) of the cervical spine revealed multilevel disc bulges. MR Arthrogram of right shoulder revealed complete resection of the distal clavicle that is no longer articulated with acromion and there is no encroachment upon underlying supraspinatus muscle and tendon. X-rays of the bilateral shoulder revealed moderate left AC degenerative changes with spurring projections inferiorly. Patient is diagnosed with bilateral shoulder pain, cervical spondylosis and elbow pain. Patient has been treated with medication, therapy, distal clavicle resection surgery. Per medical notes dated 01/06/14, patient complains of neck and bilateral shoulder pain. Right shoulder pain is rated at 2-3/10, neck pain 3-4/10 and left shoulder pain 2-3/10 and occurs intermittently. Quality of sleep is poor. He states that medications are working well. Patient notes some decrease in pain in his right shoulder. Per medical notes dated 05/15/14, patient complains if neck pain and bilateral shoulder pain. Pain has increased since last visit. Examination revealed restricted range of motion with pain and tenderness over paravertebral muscles. Provider is requesting initial trial of 10 Acupuncture treatments that were modified to 6 treatments by the utilization reviewer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 10 visits for bilateral shoulder and neck: 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) Acupuncture, Neck and Upper Back.

**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 not had prior Acupuncture treatment. Provider is requesting initial trial of 10 acupuncture treatments that were modified to 6 treatments by the utilization reviewer. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Furthermore, official disability guidelines do not recommend acupuncture for neck pain. Per guidelines and review of evidence, 10 Acupuncture visits are not medically necessary.