

<b>Case Number:</b>	CM14-0018303		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	12/05/2009
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 46 year old female, who sustained an industrial injury on December 5, 2009. She has reported injury from moving marketing materials from her car, experiencing a sudden onset of pain in the right shoulder. The diagnoses have included neck pain, cervical degenerative disc disease, cervical spondylosis, cervical disc herniation at C3-4, cervical spinal stenosis, low back pain, lumbar disc pain, electrodiagnostic evidence of left L5 and S1 radiculopathies, and electrodiagnostic evidence of bilateral carpal tunnel syndrome. Treatment to date has included right shoulder surgery in 2011, right carpal tunnel release in 2012, physical therapy, chiropractic treatments, deep tissue massage, aquatic therapy, acupuncture, H-wave, epidural steroid injection (ESI), and medications. Currently, the injured worker complains of bilateral shoulder pain, neck pain, upper back pain, bilateral wrist pain, and numbness in her hands. The Primary Treating Physician's report dated January 16, 2014, noted the injured worker obtained significant benefit from the repeat cervical epidural steroid injection (ESI) performed in September 2013, with the effect worn off at that time. Physical examination was noted to show negative straight leg raises bilaterally, with strength 5/5 for both upper extremities and lower extremities. Per a PR-2 dated 1/17/2014, the claimant has responded well to acupuncture treatments in the past and would like to get additional treatments. She is permanent and stationary. The claimant had a number of acupuncture treatments in 2013. Per an acupuncture report on 3/14/13, the claimant's hands are significantly less painful and on reduced medication regiment of 1/2 norco at bedtime. Per an email from her acupuncturist dated 8/22/2013, the

claimant has less pain overall and was able to function better and use less pain meds. She typically uses 6 norco a day but some days she limits it to 3 a day.

### **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 times 6 weeks:** Upheld

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had subjective benefits. However, while the provider states that the claimant is reducing medications with acupuncture, the medication usage is much higher during 2013, which the claimant was receiving acupuncture. Since the provider fails to document objective functional improvement associated with acupuncture treatment, further acupuncture is not medically necessary.