

<b>Case Number:</b>	CM14-0121833		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 51 year old female, who sustained a work related injury on 2/21/14. The diagnoses have included cervical spine, thoracic spine and lumbar spine multilevel disc disease, bilateral carpal tunnel syndrome and chronic pain syndrome. Treatments to date have included 6 acupuncture treatments, 28 physical therapy visits, MRI of lumbar spine dated 6/20/13, MRI right shoulder dated 6/20/13, MRI left shoulder dated 6/20/13, MRI thoracic spine dated 6/20/13, left shoulder surgery on 12/12/13, Extracorporeal Shockwave Therapy x 4 treatments and medications. In the PR-2 dated 6/5/14, the injured worker complains of right wrist and hand pain which she rates a 4/10. She complains of cervical spine pain and rates it a 4/10. She complains of thoracic spine pain and rates it a 2/10. She complains of lumbar spine pain and rates it a 2/10. She complains of bilateral shoulder pain and rates it 7/10. The treatment plan is to get a pain management consultation to consider epidural steroid injection. A request for authorization is made for acupuncture sessions 2 x 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Infrared, Elect Acupuncture:** Upheld

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

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

**Decision rationale:** The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. Records indicate that the patient was authorized 6 acupuncture session from 12/30/2014-12/30/2015. Per the progress report dated 6/5/2014, the patient received 6 acupuncture sessions. However, there was no documentation of the outcome of the authorized visits. Therefore, additional acupuncture sessions may not be medically necessary. The provider's request for additional infrared and electro acupuncture sessions are not medically necessary.