

<b>Case Number:</b>	CM14-0182434		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	11/02/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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: 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 61year old female, who sustained an industrial-work injury on 11-2-13. She reported initial complaints of neck, shoulders and lumbar spine pain. The injured worker was diagnosed as having shoulder sprain-strain, and sprain-strain of the lumbar region, and cervicothoracic spine sprain-strain, and bilateral impingement syndrome of the shoulders, rule out rotator cuff tear. Treatment to date has included medication, diagnostics, physical therapy, injection to right shoulder on 9-9-14, and acupuncture (10 sessions done). Currently, the injured worker complains of persistent low back pain that is constant and rated 8 out of 10, neck pain and stiffness rated 5 out of 10, bilateral shoulder pain that is intermittent and rated 5 out of 10, and bilateral elbow pain with use of arms. ADL's (activities of daily living) were difficult to perform. Initially Ibuprofen was ordered but caused gastric distress. Per the primary physician's progress report (PR-2) on 8-19-14, exam notes normal posture, pain on palpation of the paracervical musculature with spasm and guarding, positive occipitocervical compression, and restricted range of motion. Shoulder exam notes pain with palpation in the subacromial bursa of both shoulders, normal range of motion but with pain, and impingement sign is positive. Elbows were negative. On 10-21-14, a MRI (magnetic resonance imaging) reported herniated nucleus pulposus of L4-5, L5-S1. The injured worker remained off work until 11-20-14. Current plan of care includes acupuncture, Naproxen, and Prilosec. The Request for Authorization requested service to include 10 acupuncture 1 x 10 weeks for the left shoulder as outpatient. The Utilization Review on 10-9-14 modified the request for 6 acupuncture 2 x 3 weeks for the left

shoulder as outpatient, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Acupuncture Treatment 2007.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**10 acupuncture 1 x 10 weeks for the left shoulder as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone acupuncture care. Given the patient continued symptomatic despite previous care an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 10 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive and is not medically necessary.