

<b>Case Number:</b>	CM14-0193732		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine, 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 patient is a 40-year-old female with an injury date of 04/10/2013. Based on the 06/25/2014 progress report, the patient complains of having headaches and pain in his neck, right shoulder, bilateral wrist, and lower back. She has a decreased range of motion and tenderness over the cervical spine, bilateral shoulders, and lumbar spine. The 11/19/2014 report indicates that the patient continues to complain of neck pain, right shoulder pain, mid back pain, low back pain, and wrist pain. No additional positive exam findings were provided. The patient's diagnoses include the following: Myoligamentous strain of the cervical spine. Myoligamentous strain of the left trapezius musculature. Inflammatory process of the bilateral shoulders. Myoligamentous strain of the lumbar spine. The utilization review determination being challenged is dated 11/14/2014. There were 2 treatment reports provided from 06/25/2014 - 11/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up appointment with orthopedic surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, Follow-up.

**Decision rationale:** The patient presents with pain in his neck, right shoulder, mid back, low back, and wrist. The request is for a follow-up appointment with orthopedic surgeon. The report with the request was not provided. The patient has a decreased range of motion and tenderness over the cervical spine, bilateral shoulders, and lumbar spine. ACOEM Practice Guidelines Second Edition (2004) page 127 states the following, "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, while the patient is diagnosed with myoligamentous strain of the cervical spine, left trapezius musculature, lumbar spine, and inflammatory process of the bilateral shoulders, there are no discussions provided on why a follow-up is needed with an orthopedic surgeon. There is no indication that the patient is planning on having any surgery. Due to lack of discussion, the requested follow-up appointment with an orthopedic surgeon is not medically necessary.

**Twelve sessions - initial acupuncture twice weekly to cervical, lumbar, and right shoulder:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The patient presents with pain in his neck, right shoulder, bilateral wrist, and lower back. The request is for twelve sessions- initial acupuncture twice weekly to cervical, lumbar, and right shoulder. The report with the request was not provided. Review of the records provided does not indicate if the patient has previously had any acupuncture sessions. The patient has a decreased range of motion and tenderness over the cervical spine, bilateral shoulders, and lumbar spine. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement, a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In this case, there is no indication that the patient has had any prior acupuncture sessions for her cervical spine, lumbar spine, or right shoulder. It may be reasonable to provide an initial trial of 3 to 6 treatments to produce functional improvement, as required by MTUS Guidelines. However, the treating physician is requesting for a total of 12 sessions of acupuncture which exceeds what the guidelines recommend for an initial trial. The requested 12 sessions of acupuncture for the patient's cervical spine, lumbar spine, and right shoulder is not medically necessary.