

<b>Case Number:</b>	CM14-0203420		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	05/14/2001
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 licensed in Acupuncturist, has a subspecialty in Chiropractic 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:

This 46 year old female was a camera person when she lifted a railroad tie and sustained an injury on May 14, 2001. The diagnoses and results of the injury include neck pain, shoulder pain and a labral tear of the shoulder. Past treatment included nutritional medication, cervical facet joint injections, trigger point injections, massage therapy, acupuncture, chiropractic therapy, psychiatric care, a home exercise program, arthroscopic surgery of them shoulder for the labral tear, right carpal tunnel release, cervical fusion, and oral and topical pain, anti-depressant, muscle relaxant, and anti-anxiety medications. The medical records refer to courses of acupuncture, chiropractic therapy, and physical therapy. The acupuncture and chiropractic therapy did not result in sustained pain relief. The physical therapy resulted in increased range of motion of the right shoulder, but did not decrease the pain. The records do not provide specific dates of service or results. On October 29, 2014, the treating physician noted chronic daily headaches, at the base of the right side of her head, and right neck pain with intermittent swelling and right upper back spasms. Her pain radiates from the right upper back down to the right hip. Her pain level was moderate. The physical exam revealed good range of motion of the neck with pain at the extremes and negative Spurling's sign. All of the extremities had normal range of motion, muscle mass, tone, and pulses. There was right upper back muscle tenderness, normal sensation and motor exam of all the extremities, and mildly decreased deep tendon reflexes of the bilateral biceps, triceps, and brachioradialis. Diagnoses included cervical and lumbosacral spondylosis without myelopathy, postlaminectomy syndrome of the cervical region, primary localized osteoarthritis of the shoulder, carpal tunnel syndrome, headache, and depression. The physician recommended a regular exercise program and acupuncture to help decrease her headaches, neck pain, and right neck pain and muscle spasms. Current work status was not included in the provided medical records. On November 10, 2014, Utilization Review non-

certified a prescription for 10 visits acupuncture requested on November 4, 2014. The acupuncture was non-certified based on from prior 10 sessions acupuncture resulted in temporary relief and there was no evidence of functional improvement. The guidelines recommend 3-6 sessions to produce functional improvement, and the injured worker has already had 10 sessions. The Medical Treatment Utilization Schedule (MTUS), Acupuncture Medical Treatment Guidelines were cited.

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

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

#### **10 Acupuncture Sessions: Upheld**

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

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

**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 had prior acupuncture treatment. Provider requested additional 10 acupuncture treatments which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, additional 10 acupuncture treatments are not medically necessary.