

<b>Case Number:</b>	CM14-0051999		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/17/2008
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 & Rehabilitation 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 51 year old male with date of injury 06/17/08. The treating physician report dated 07/02/14 (16) indicates that the patient presents with pain affecting his cervical spine which radiates into his shoulders with numbness and tingling affecting all fingers and mid/ lower back pain which radiates into his bilateral legs and toes. The physical examination findings reveal limited and painful range of motion tests, SLR is positive without nerve irritation, Faber test is positive, and present crepitation. The patient rates their pain as 7-8/10. Prior treatment history includes medication, psychotherapy, podiatry, acupuncture, chiropractic, and B12 injections. The current diagnoses are: 1. Diabetes Mellitus 2. Diabetic neuropathy 3. Diabetic Peripheral 4. Neuropathy, Severe Neuritic Pain 5. Shoulder Impingement (bilaterally) 6. Carpal Tunnel Syndrome 7. Lumbar Radiculopathy The utilization review report dated 04/01/14 denied the request for Acupuncture 3 times a week for 4 weeks for back, neck, shoulders, arms, head, and hands, QTY: 12 based on no clear documentation of improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3 times a week for 4 weeks for back, neck, shoulders, arms, head, and hands, QTY: 12: Upheld**

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

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

**Decision rationale:** The patient presents with pain affecting his cervical spine which radiates into his shoulders with paresthesia of all fingers and mid/ lower back pain which radiates into his bilateral legs and toes. The current request is for Acupuncture 3 times a week for 4 weeks for back, neck, shoulders, arms, head, and hands, QTY: 12. The treating physician states that the patient was to "complete acupuncture as prescribed." (25) The Acupuncture Medical Treatment guidelines supports acupuncture treatment for the requested body parts except the shoulders and states, "Time to produce functional improvement: 3 to 6 treatments. Frequency: 1 to 3 times per week. 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented." In this case, the treating physician did not indicate how many treatments the patient has already undergone and if there was any functional improvement from the treatments. This request is not medically necessary.