

<b>Case Number:</b>	CM14-0084274		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/02/2013
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Board Certified in Chiropractor (DC), has a subspecialty in Acupuncture 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 44-year-old female with a date of injury of 2/2/2013. According to the progress report dated 4/29/2014, the patient complained of continuous neck pain, right shoulder pain, and lumbar spine pain. The pain in the neck radiates to the right arm, hands and up her jaw. There was numbness and tingling as well as frequent headaches associated with the neck pain. The neck pain increases with prolonged sitting and standing. The right shoulder pain is constant. There was popping, clicking, and grinding in the right shoulder. The pain increases with reaching, moving the arm backwards, and lifting above shoulder level. The lumbar pain was constant and radiates to the legs and feet. The patient reported experiencing episodes of numbness and tingling in her legs. Significant objective findings in the cervical spine include flexion 55 degrees, 55 degrees in extension, 55 degrees in right rotation, 65 degrees in left rotation, and 65 degrees in lateral bending bilaterally. There was tenderness and spasm present in the paraspinal muscles. Sensory and motor exam were unremarkable. Spurling's test and cervical compression test were negative bilaterally. In regards to the shoulders, there was no tenderness over the joint, muscles or bony and tendinous structures. Range of motion in the shoulders was limited in the right shoulder compared to the left. Impingement sign was positive on the right. Lumbar range of motion was restricted due to morbid obesity. There was tenderness of the lumbar paraspinal and straight leg raise was negative bilaterally. The patient was diagnosed with cervical radiculopathy, shoulder impingement, and lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture three (3) times a week for four (4) weeks for the Cervical, Lumbar, and Bilateral Shoulders: Upheld**

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

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

**Decision rationale:** The MTUS Acupuncture Medical Treatment Guideline recommends acupuncture for pain. It states that acupuncture may be extended if there is documentation of functional improvement. Based on the submitted records, the patient was started on water therapy and acupuncture for six weeks each and noted that the treatments helped temporarily in 2013. There was no documentation of functional improvement with acupuncture. Therefore, the provider's request for acupuncture 3 times a week for 4 weeks is not medically necessary.