

<b>Case Number:</b>	CM15-0004909		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: Chiropractor, 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 58 year old male with an industrial injury dated 05/01/2013 resulting in injury to his neck and shoulders. He presents on 09/15/2014 complaining of persistent neck and upper back pain that is right sided. He rates neck pain as 3/10 and back pain at 7/10. Cervical and thoracic range of motion was decreased with tenderness. MRI of thoracic spine showed disc desiccation of thoracic 8-9 and focal disc herniation which causes stenosis of spinal canal. The provider notes upon his review there is spinal cord compression and distortion. Lumbar MRI showed focal disc herniation at lumbar 5 - sacral 1 causing stenosis of the spinal canal. MRI of right shoulder showed acromion is flat, laterally down sloping and anteriorly down sloping. There was osteoarthritis of the acromioclavicular joint. There was increasing signal along the superior glenoid rim consistent with fibro vascular change. The above reports are dated 09/18/2013. Prior treatments consisted of 10 acupuncture treatments and 24 chiropractic treatments along with medications. On 12/03/2014 the provider documented the injured worker had shown improvement in cervical spine and right shoulder but continued to have pain in right upper thoracic area although mobility had improved. Diagnosis was right shoulder subacromial impingement and thoracic disc herniation at thoracic 8 - thoracic 9. On 12/16/2014 Utilization review modified the 12 requested visits to 6, noting for any additional approvals there will need to be specific measures of objective improvement in function. MTUS was cited. On 01/09/2015 the injured worker submitted a request for IMR of the requested treatment for acupuncture 2 times 6.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 6:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 2X6 acupuncture treatments which were modified to 6 by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical records reveal subjective improvement; however there is minimal functional improvement. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Per review of evidence and guidelines, 2x6 acupuncture treatments are not medically necessary.