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| <b>Case Number:</b>   | CM15-0006241 |                              |            |
| <b>Date Assigned:</b> | 02/18/2015   | <b>Date of Injury:</b>       | 04/30/2012 |
| <b>Decision Date:</b> | 04/01/2015   | <b>UR Denial Date:</b>       | 12/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/12/2015 |

### 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 34-year-old female, who sustained an industrial injury on April 30, 2012. She has reported injury of the back. The diagnoses have included cervical spine disc dessication, thoracic spine sprain/strain, and lumbar spine mild disc bulge. Treatment to date has included medications, electrodiagnostic studies, and epidural steroid injection of the left shoulder. Currently, the IW complains of continued neck, thoracic spine, lumbar spine and bilateral shoulder pain. She rates her pain as 2-5/10 with medications. She has indicated her pain radiates into her legs. Range of motion flexion is 40 degrees for the thoracic and lumbar spine, and flexion of the shoulders is 130 degrees. On December 15, 2014, Utilization Review modified certification of four additional treatments of acupuncture two per week for two weeks. The Acupuncture Medical Treatment and ODG guidelines were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of acupuncture two-three times weekly for four weeks for the lumbar and cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2-3x4 lumbar and cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: 9720.20, Functional improvement.

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

**Decision rationale:** Per medical notes dated 10/03/14, patient has had prior acupuncture treatment. Provider requested additional 8-12 acupuncture sessions, which was modified to 2X2 non-certified by the utilization review. 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, 2-3X4 acupuncture treatments are not medically necessary.