

<b>Case Number:</b>	CM15-0009232		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: 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(IW) is a 61 year old male, who sustained an industrial injury on 09/05/2014. He has reported chronic pain. The diagnoses have included cervical spondylosis without myelopathy, thoracic spondylosis without myelopathy, tendinitis/bursitis of the left hand/wrist, and adhesive capsulitis of the left shoulder. Treatment to date has included nonsteroidal anti inflammatory drugs (NSAIDs) physical therapy, and acupuncture to the cervical spine, thoracic spine, lumbar spine and left elbow. There is no documentation of patient response to the acupuncture. Currently, the IW complains of painful and limited range of motion in cervical spine, thoracic spine, lumbar spine, left shoulder, and left wrist and hand. The wrist exam showed painful and limited range of motion upon flexion only. He is able to walk for 15 minutes during a functional improvement exam on 12/01/2014. X-rays of the left shoulder on 09/26 2014 showed tendon damage as did a MRI of the left shoulder. The IW has been treated with acupuncture for 7 sessions. On 12/19/2014 Utilization Review non-certified request for Acupuncture 3 x 2 for cervical, thoracic, lumbar spine, left shoulder, elbow and wrist noting the acupuncture treatments may be extended if functional improvement is documented. The MTUS, Acupuncture Medical Treatment Guidelines were cited. On 01/15/2015, the injured worker submitted an application for IMR for review of the non-certified items.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3 x 2 for cervical, thoracic, lumbar spine, left shoulder, elbow and wrist:**  
Upheld

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

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

**Decision rationale:** The guidelines could support additional acupuncture care for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." Six acupuncture sessions were previously rendered with alleged improvement in activities of daily living (per provider "patient able to walk 15 minutes"). Despite the previous statement from the provider, no baseline was afforded in order to measure any objective functional improvement (increase ability to perform activities of daily living, medication intake reduction, work restrictions reduction etc.). Lacking evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture, additional acupuncture care will not be supported for medical necessity by the guidelines.