

<b>Case Number:</b>	CM15-0100761		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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 48 year old female who sustained an industrial/work injury on 6-4-12. She reported an initial complaint of neck, right shoulder, and lower back pain. The injured worker was diagnosed as having cervical discogenic disease, impingement syndrome of shoulder, inflammation of right wrist, stenosing tenosynovitis to right first extensor, left rotator cuff strain, discogenic lumbar disease with radicular component, severe headaches, chronic pain syndrome with associated sleep disorder and depression. Treatment to date includes medication, diagnostics, injection, transcutaneous electrical nerve stimulation (TENS) unit, and functional restoration program. MRI results of the right shoulder showed tendinosis. Per the qualified medical examination on 5-28-15, exam note hypertension, full flexion and extension at 10 degrees, tilting at 10 degrees, and rotation is limited to the right, tenderness along the lumbosacral area, absent reflexes, decreased sensory function along the inner leg on the right, clonus is not present, strength is 5 along the lower extremity. The neck flexion is 20 degrees, extension of 20 degrees and tilting at 25 degrees, absent reflexes, decreased sensory function along dorsal radial aspect of the hand on the right, tender along rotator cuff as well as facets of the neck with positive facet loading, tenderness along the trapezius, and impingement sign is positive. The requested treatments include acupuncture 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** It is unclear whether the claimant has had prior acupuncture. If this is a request for an initial trial, twelve visits exceeds recommended guidelines. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of six or less. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement as a result of the completion of acupuncture. Also total amount completed visits should be submitted. Twelve visits of acupuncture are not medically necessary.