

<b>Case Number:</b>	CM15-0104121		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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 is a 37 year old, female who sustained a work related injury on 8/14/13. A male patient slapped her several times in the face and pulled her hair. She struggled with him and fell to the floor. She experienced pain in her neck and right shoulder. The diagnoses have included cervical spine strain, lumbar strain, right shoulder strain, right shoulder impingement/bursitis, status post right shoulder surgery, anxiety and depression. Treatments have included medications, Mentherm cream, physical therapy, lumbar trigger point injections, cognitive behavioral therapy, and acupuncture. In the PR-2 dated 4/29/15, the injured worker complains of constant, moderate, achy and stabbing neck pain radiating to both shoulders. She states that her neck and shoulder area are swollen. She complains of constant, severe and sharp low back pain radiating to both legs with inflammation. She rates this pain level a 5/10. She continues with severe anxiety. She has tenderness to palpation in cervical paraspinals, trapezial muscles, anterior acromial margin and lumbar paraspinals. She has decreased range of motion in cervical and lumbar spine. She has decreased right shoulder range of motion. Hawkins and Neer tests are positive. She has remarked in other progress notes that prior acupuncture was temporarily helpful. The treatment plan includes a request for acupuncture sessions.

### 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:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported 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." After an unknown number of prior acupuncture sessions were rendered with unreported gains, the provider failed to report any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 12, number that exceeds significantly the guidelines criteria without any extraordinary circumstances documented to support such request. Therefore, the additional acupuncture is not supported for medical necessity.