

<b>Case Number:</b>	CM15-0130349		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	05/10/2014
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 (IW) is a 51-year-old male who sustained an industrial injury on 05/10/2014. Diagnoses include lumbar disc disease; right-sided L3 radiculopathy; bilateral S1 radiculopathy; and left shoulder impingement syndrome. Treatment to date has included medications, acupuncture and physical therapy. According to the progress notes dated 5/21/15, the IW reported significant relief of left shoulder pain with acupuncture treatments. He had completed 5 of the eight authorized acupuncture treatments and requested to continue this treatment rather than receive steroid injections. He also reported 50% improvement in back pain with physical therapy. Objective findings included results of the MRI of the left shoulder dated 5/20/14, which showed a low-grade partial-thickness articular-sided tearing of the supraspinatus tendon with moderate tendinosis. A request was made for outpatient acupuncture, eight (8) sessions for the left shoulder and back to improve range of motion/functional capacity and due to significant benefits from previous treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient acupuncture 8 sessions for the left shoulder and back: Upheld**

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.