

<b>Case Number:</b>	CM15-0135669		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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 47 year old male who sustained an industrial injury on 07/16/2012. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having disorders of the bursae and tendons in shoulder region, unspecified, lumbago, and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included surgery on the shoulder that provided moderate relief, a post-surgical MRI of the shoulder, acupuncture x6/6 completed with some improvement, lumbar epidural steroid injection 01/13/2015 with minimal improvement, and medications that are helpful for his pain. Currently, the injured worker has back pain and shoulder pain which he underwent an Agreed Medical Exam on 09/19/2014 and received suggestions of physical therapy and chiropractic physiotherapy for treatments as well as diagnostic injections. He also complains of pain in the mid back, lower back, and feet with radiation to both legs, tingling at the bottoms of both feet. Pain is associated with tingling in the right hand and feet with numbness and weakness in the right arm, right hand, and legs. The pain is constant in frequency and moderately intense with a back pain localized in the low back, a little worse on the right side, and more severe in the legs. The pain is rated as a 3 on a scale of 0-10 with medications, and a 7 without medications. Medications include Diclofenac XR, Omeprazole, Gabapentin. He relates concern about sexual enjoyment due to the back pain. On exam, the worker appears uncomfortable while sitting, and uses no assistive devices to walk. The lumbar spine has diminished range of motion in all planes. There is tenderness to palpation over the bilateral lumbar paraspinal muscles and bilateral positive lumbar facet loading greater on the left. There is tenderness to palpation

over the left lower facet joints, right arm weakness and numbness from the shoulder to the hand, especially in the middle, ring, and pinky fingers. The plan of care is for continuation of acupuncture and medications. A request for authorization was made for; additional acupuncture, 1 time a week for 6 weeks, right shoulder & lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional acupuncture, 1 time a week for 6 weeks, right shoulder & lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

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

**Decision rationale:** The patient was being treated for low back and shoulder pain. The Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. According to the progress report dated 5/27/2015, the provider reported that the patient improved a little bit with acupuncture. The patient completed 6 acupuncture sessions. There was no objective quantifiable documentation regarding functional improvement. Additional acupuncture visit is not demonstrated to be medically necessary. Therefore, the provider's request for 6 additional acupuncture sessions to the right shoulder and lumbar spine is not medically necessary at this time.