

<b>Case Number:</b>	CM15-0138320		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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 36 year old female, who sustained an industrial injury on 6/10/14. She has reported initial complaints of neck, upper back, bilateral shoulders, mid back, low back and bilateral upper extremities pain with injury due to cumulative trauma. The diagnoses have included sprain or strain of the cervical spine, cervicalgia, cervical spondylosis without myelopathy, cervical radiculopathy, and impingement syndrome of the right shoulder. Treatment to date has included medications, activity modifications, rest, diagnostics, Transcutaneous electrical nerve stimulation (TENS), physical therapy, pain management, acupuncture, cortisone injections, trigger point injections and home exercise program (HEP). Currently, as per the physician progress note dated 6/5/15, the injured worker complains of pain in the neck, shoulders and lower back. The pain is rated 8/10 on pain scale on average and the pain is alleviated with medications, sitting and resting. The physical exam reveals cervical spasm, decreased range of motion, tenderness with multiple trigger points with jump sign and radiation of pain. The left shoulder exam reveals positive Neer test for impingement syndrome, positive supraspinatus test and positive Yergasons test. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine, Magnetic Resonance Imaging (MRI) of both shoulders and electromyography (EMG) /NCS of the bilateral upper extremities. The current medications included Lidipro topical ointment and Duloxetine. Work status is full duty from 6/5/15. There is no previous diagnostic reports noted in the records and there is no previous physical therapy or acupuncture sessions noted. The physician requested treatment included Acupuncture for the cervical spine and left shoulder, once a week for twelve weeks, trial visits.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the cervical spine and left shoulder, once a week for twelve weeks, trial visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck, Acupuncture Guidelines.

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 12 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances or goals for such care, the request is seen as excessive, therefore not supported for medical necessity.