

<b>Case Number:</b>	CM15-0138978		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	02/16/2009
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old male, who sustained an industrial injury on 2/16/09. He has reported initial complaints of a low back and right knee injury. The diagnoses have included bilateral shoulder impingement, lumbar strain or sprain, chronic lumbago, lumbar radiculopathy, lumbar disc protrusion and lumbar stenosis. He has a history of right knee surgery. Treatment to date has included medications, chiropractic, acupuncture and home exercise program (HEP). Currently, as per the physician progress note dated 6/5/15, the injured worker complains of neck pain with radiation to the left upper extremity with headaches, ongoing bilateral shoulder pain, and stabbing pain in the low back and right hip. He states that acupuncture and chiropractic therapy have been beneficial and wishes to continue. The objective findings reveal tenderness from the thoracolumbar spine to the base of the pelvis, there is tightness noted, the buttocks are tender and he is unable to fully squat due to pain. There is decreased lumbar range of motion. The current medications included Tramadol and transdermal creams. The previous therapy sessions were noted. The physician requested treatment included Acupuncture times 8 visits left shoulder and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture times 8 visits left shoulder and lumbar spine:** Upheld

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

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

**Decision rationale:** The claimant sustained a work injury in February 2009 and continues to be treated for radiating neck pain, bilateral shoulder pain, and low back and right hip pain. Treatments have included acupuncture with 10 treatments documented between November 2014 and February 2015. When seen, he was having ongoing pain rated at 7-8/10. Acupuncture and chiropractic treatments are referenced as having been beneficial. Medications included tramadol and topical compounded cream. Physical examination findings included eight BMI of nearly 40. There was historical lumbar spine tenderness and muscle tightness with decreased range of motion. There was pelvic tenderness with stress testing. He had decreased right knee range of motion with swelling. Authorization for an additional eight acupuncture treatments was requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of treatments requested is in excess of guideline recommendations and continuing treatment would be in excess of the recommended duration. The requested additional acupuncture treatments were not medically necessary.