

<b>Case Number:</b>	CM15-0139167		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	01/14/2003
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	06/26/2015
<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: 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:

This injured worker is a 51 year old male who reported an industrial injury on 1/14/2003. His diagnoses, and or impression, were noted to include: cervical discopathy; bilateral wrist pain, status-post bilateral carpal tunnel surgery; lumbar sprain/strain; right shoulder impingement syndrome and joint arthrosis, status-post right shoulder decompression (10/2/13); left shoulder impingement; and ulnar neuropathy. Recent magnetic imaging studies of the cervical spine were said to be done on 5/19/2015; as well as recent x-rays. His treatments were noted to include diagnostic electromyogram, nerve conduction velocity studies and magnetic resonance imaging studies; failed epidural injection therapy; medication management; and rest from work. The progress notes of 6/24/2015 reported ongoing, persistent, moderate-severe pain in his neck, bilateral upper extremities and shoulders that is helped by taking Norco. Objective findings were noted to include: no acute distress; tenderness to the occipital muscles and trapezius muscles of the cervical spine, with painful and reduced range-of-motion; positive compression sign; positive right-side Spurling's maneuver into the upper trapezius and supra-scapular areas; mildly decreased cervical dermatome sensation; mild tenderness and crepitus with "unproved" right shoulder range-of-motion and decreased strength. The physician's requests for treatments were noted to include acupuncture. According to prior UR reviews, the claimant has had acupuncture in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 of unknown quantity and duration with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.