

<b>Case Number:</b>	CM15-0141084		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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 is a 61 year old female, who sustained an industrial injury on 4-17-14. She reported pain in the cervical spine and bilateral shoulder pain right greater than left. The injured worker was diagnosed as having right shoulder pain and chronic pain syndrome. Treatment to date has included shockwave treatment, physical therapy, electrical stimulation, chiropractic treatment, and medication. Physical examination findings on 6/5/15 included tenderness to palpation in the posterior aspect of the cervical spine with tenderness in bilateral trapezius muscles and tenderness along the vertebral borders of the right and left scapulae. Cervical spine range of motion was decreased. Generalized tenderness to palpation was noted in bilateral shoulders with decreased bilateral shoulder range of motion. Per a prior review, prior acupuncture was certified on 10/7/14. Currently, the injured worker complains of cervical pain with radiculitis and bilateral shoulder pain. The treating physician requested authorization for 12 acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Acupuncture sessions:** 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 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.