

<b>Case Number:</b>	CM15-0164005		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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:

This 48 year old female sustained an industrial injury to the neck, back and right shoulder on 6-4-12. Magnetic resonance imaging lumbar spine (7-7-15) showed disc degeneration with annular bulge and central disc herniation at L5-S1 and disc desiccation with annular bulge and facet arthropathy at L4-5. Previous treatment included functional restoration program, transcutaneous electrical nerve stimulator unit, h-wave, psychotherapy, injections and medications. In a progress note dated 6-30-15, the injured worker complained of pain to the neck, right shoulder and low back associated with headaches. The injured worker also complained of left upper extremity pain due to overuse. The physician noted that magnetic resonance imaging right shoulder showed tendinosis. The injured worker reported minimizing chores around the house due to pain, back spasms and headaches. The injured worker had been approved for acupuncture in December 2014 but the approval had expired. The physician stated that the injured worker received no acupuncture in 2014. Physical exam was remarkable for lumbar spine with tenderness to palpation, somewhat limited right rotation, absent reflexes and grade 5 strength with decreased sensation to the right leg, cervical spine with decreased range of motion, absent reflexes, decreased sensation to the right hand, grade 4 strength to the right shoulder and tenderness to palpation to the right rotator cuff and along the trapezius with positive impingement sign. Current diagnoses included discogenic cervical condition, right shoulder impingement, right wrist joint inflammation, left rotator cuff strain, left wrist joint inflammation, lumbar discogenic condition, chronic pain, depression, sleep disorder, stress and severe headaches. The injured worker had been approved for right shoulder surgery. The treatment plan included medications

(Trazodone, Ativan, Maxalt, Norco, Flector Patch, Flexeril and Neurontin), switching from Naproxen Sodium to Celebrex, adding Lunesta and Wellbutrin and discontinuing Remeron and requesting authorization for back brace, neck traction with air bladder, four lead transcutaneous electrical nerve stimulator unit with conductive garment and twelve sessions of acupuncture.

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

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

#### **Acupuncture x 12: Upheld**

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

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

**Decision rationale:** The July 13, 2015 utilization review document denied the treatment request for 12 acupuncture visits to manage the patient's chronic lower back condition citing CA MTUS treatment guidelines. The reviewed medical records identified prior treatment to include FRP program, psychotherapy, imaging and shoulder injection. Clinical findings included lumbar spine range of motion decreased with decreased right lower extremity dermatome; cervical range of motion was also reported decreased; decreased right shoulder range of motion was also identified with upper extremity dermatome loss. The reviewed medical records did not identify a prior course of acupuncture management for any regions currently under consideration for acupuncture care. Although there is no report of a medication intolerance or a concurrent rehabilitation program engaged in at the time of the acupuncture request, the CA MTUS acupuncture treatment guidelines do support an initial trial of acupuncture care, six visits with evidence of functional improvement prior to consideration. The medical necessity for 12 acupuncture visits as requested is not supported by the records reviewed or CA MTUS treatment guidelines. The request is not medically necessary.