

<b>Case Number:</b>	CM15-0164713		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	01/12/2009
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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, Montana

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 41 year old female who sustained a repetitive industrial injury on 01-12-2009. The injured worker was diagnosed with cervical facet syndrome with overlying myofascial pain, left shoulder impingement, left medial epicondylitis and likely cubital tunnel syndrome. No surgical interventions were documented. Treatment to date has included diagnostic testing, physical therapy, massage, acupuncture therapy, trigger point injections, ergonomic changes, cognitive behavioral therapy (CBT), home exercise program and medications. According to the primary treating physician's progress report on August 3, 2015, the injured worker continues to experience neck and arm pain associated with weakness and numbness of the arm and low back pain. The injured worker rates her neck and arm pain at 7 out of 10 on the pain scale. Examination demonstrated a normal gait. Range of motion of the cervical spine produced left sided neck pain and was documented at 15 degrees flexion, 10 degrees extension, 20 degrees bilateral tilt and 90 degrees bilateral cervical rotation. Spurling's was negative bilaterally. There was tenderness over the left cervical facets and paraspinal muscles. Motor strength and sensation of the bilateral upper extremities were intact with some decreased sensation in the left triceps and 5th finger. Deep tendon reflexes were noted as 1plus in the bilateral biceps, triceps and brachioradialis with negative Hoffman's bilaterally. Tenderness was documented over the acromioclavicular joint. Bilateral shoulder abduction and flexion were 180 degrees each with full internal and external rotation and positive left impingement. The injured worker was released for modified work duties. Current medications were not documented. Treatment plan consists of a

trial of Naproxen, continuing home exercise program; consider injection therapy and the current request for acupuncture therapy for the cervical spine times 8 sessions.

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

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

**Acupuncture x 8 sessions Cervical Spine:** Upheld

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions for cervical spine which were modified to 6 by the utilization review. Per medical notes patient had acupuncture in which patient states it was the best treatment to date, the acupuncture made the patient more efficient at work, and it was helpful with reduction of pain more than 50%. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment; however, requested visits exceed the quantity supported by cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.