

<b>Case Number:</b>	CM15-0165406		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 68 year old male, who sustained an industrial injury on 03-01-2004. He has reported subsequent low back, neck, left shoulder and arm pain and was diagnosed with lumbar spinal stenosis with radiculitis, lower extremity neuropathy secondary to lumbar spinal stenosis with radiculitis, cervicgia, status post fusion C4-C7, spondylolisthesis of C7-T1 with radiculopathy, C3-C4 disc generation and status post bilateral shoulder surgery. Treatment to date has included oral and topical pain medication, trigger point injections and physical therapy, which were noted to have failed to significantly relieve the pain or improve function. In a progress note dated 07-20-2015 the injured worker reported 5 out of 10 left shoulder pain that was noted to have showed slow improvement with continued home exercises. Objective examination findings of the left shoulder showed "active elevation of 115 to 12, abduction of 85, internal rotation spinal segment to the lateral hip, internal rotation-90, abduction 45-50, external rotation strength +3 out of 5, internal rotation strength recessed 5." Work status was documented as temporarily totally disabled. A request for authorization of acupuncture 2-3 x 6-8 weeks for the neck was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2-3 x 6-8 weeks for the neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The patient complained of low back, neck, left shoulder and arm pain. Based on the submitted documents, there was no evidence of prior acupuncture therapy. The guidelines recommend an initial trial of 3-6 visits over 1-2 months to produce functional improvement. An acupuncture trial appears to be medically necessary. However, the provider's request for 2-3 acupuncture sessions for 6-8 weeks exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is not medically necessary or appropriate at this time. Six acupuncture sessions would be reasonable and appropriate. Additional acupuncture may be necessary with documentation of functional improvement from prior sessions.