

<b>Case Number:</b>	CM15-0167349		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	11/17/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 28 year old male, who sustained an industrial injury on 11/17/14. The injured worker has complaints of neck, right shoulder, forearm, lumbar spine, hands and wrist pain. Cervical spine examination reveals tenderness and spasms over the bilateral paraspinals and upper trapezius. The diagnoses have included cervical spine sprain and strain; lumbar spine sprain and strain; right shoulder sprain and strain. Treatment to date has included electromyography and nerve conduction velocity study showed carpal tunnel syndrome; cyclobenzaprine; ibuprofen and omeprazole. The request was for functional improvement measurement for the right shoulder, cervical and lumbar spine and 8 acupuncture treatments for the right shoulder, cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional improvement measurement for the right shoulder, cervical and lumbar spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, History and Physical Examination, Work Functions and/or Activities of Daily

Living, Self Report of Disability, Physical Impairments, Medications. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 137-138.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Functional improvement measures.

**Decision rationale:** Pursuant to the Official Disability Guidelines, functional improvement measurement right shoulder, cervical and lumbar spine is not medically necessary. Functional improvement measures are recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function or maintenance of function that would otherwise deteriorate. The categories include work function and/or activities of daily living, self report of disability; physical impairments; and approach to self-care and education. In this case, the injured worker's working diagnoses are cervical spine sprain strain; lumbar spine sprain strain; right shoulder sprain strain; and right forearm pain and bilateral carpal tunnel syndrome per EMG/NCV. Date of injury is November 17, 2014. Request for authorization is July 20, 2015. According to a July 14, 2015 progress note, the injured worker's subjective complaints are neck pain, right shoulder, right forearm, right wrist and hand and left wrist and hand, and low back. Objectively, range of motion is decreased cervical spine and lumbar spine. There is tenderness palpation. There were no other relevant physical findings documented in medical record. The treatment plan includes a request for functional improvement measurement. The guidelines are enumerated in the medical record treatment plan. There are no clinical findings, indication or rationale for the functional improvement measurement of the right shoulder, cervical and lumbar spine. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and no clinical findings, indications or clinical rationale for the functional improvement measurements, functional improvement measurement right shoulder, cervical and lumbar spine is not medically necessary.

**8 acupuncture treatments for the right shoulder, cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Exercise, Functional Improvement, Physical Impairments, and Approach to Self-Care and Education Reduced Reliance on Other Treatments, Modalities, Or Medications, and Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, and Acupuncture treatment.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, 8 acupuncture treatments to the right shoulder, cervical and lumbar spine are not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement,

a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are cervical spine sprain strain; lumbar spine sprain strain; right shoulder sprain strain; and right forearm pain and bilateral carpal tunnel syndrome per EMG/NCV. Date of injury is November 17, 2014. Request for authorization is July 20, 2015. According to a July 14, 2015 progress note, the injured worker's subjective complaints are neck pain, right shoulder, right forearm, right wrist and hand and left wrist and hand, and low back. Objectively, range of motion is decreased cervical spine and lumbar spine. There is tenderness palpation. There were no other relevant physical findings documented in medical record. There is no documentation of prior acupuncture treatments in the medical record. There is no documentation demonstrating objective functional improvement with prior acupuncture treatment. In the absence of prior acupuncture documentation/sessions, a 3-4 visit clinical trial is indicated. The treating provider requested 8 acupuncture treatments to the right shoulder, cervical and lumbar spine. The treating provider's request exceeds the recommended guidelines for the 3-4 visit clinical trial. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and an excessive number of acupuncture sessions requested (in the absence of a 3-4 visit clinical trial), 8 acupuncture treatments to the right shoulder, cervical and lumbar spine are not medically necessary.