

<b>Case Number:</b>	CM15-0167428		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	08/12/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/03/2015
<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

Certification(s)/Specialty: 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 injured worker is a 51 year old male, with a date of injury of 8-12-2014. Diagnoses include neck pain, right shoulder pain and facet arthropathy. Treatment to date has included surgical intervention as well as conservative measures including prior acupuncture, medications, work modifications and home exercises. Per the Primary Treating Physician's Progress Report (PR-2) dated 7-16-2015, the injured worker presented for a follow-up visit. He reported continued pain in the neck as well as the shoulder area. He also reported limitation in range of motion. He has tried acupuncture and has noticed some improvement in symptoms but he did not feel comfortable getting acupuncture done with the outside provider and would prefer to have it done at this clinic. Objective findings included cervical paraspinal muscle spasm with tender areas over the right lower cervical facet joints, trapezius, and supraspinatus muscles. Neck flexion and extension were about 30% to 40%. Extension and lateral rotation were painful. The plan of care included, and authorization was requested for acupuncture (1x8).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, in-house, 1 time wkly for 8 wks, 8 sessions:** Upheld

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

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After six prior acupuncture sessions the patient continues symptomatic, and no evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 8, number that exceeds the guidelines criteria without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.