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| <b>Case Number:</b>   | CM15-0182917 |                              |            |
| <b>Date Assigned:</b> | 09/30/2015   | <b>Date of Injury:</b>       | 05/12/2015 |
| <b>Decision Date:</b> | 11/10/2015   | <b>UR Denial Date:</b>       | 08/31/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/17/2015 |

### 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:

This 44 year old woman sustained an industrial injury on 5-12-2015. Diagnoses include cervical sprain-strain with muscle spasms, thoracic spine sprain-strain with muscle spasms, lumbar spine sprain-strain with muscle spasms, right shoulder sprain-strain, right elbow sprain-strain, right wrist sprain-strain, right hip sprain-strain, right knee sprain-strain, loss of sleep, and a psychiatric component. Treatment has included oral medications and chiropractic care. Physician notes dated 7-23-2015 show complaints of neck pain and numbness, upper and mid back pain with stiffness and cramping, low back pain with stiffness and cramping, right shoulder pain, right elbow pain with stiffness and cramping, right wrist pain with stiffness and cramping, right hip pain with stiffness and cramping, right knee pain with stiffness and cramping, psychological complaints, and loss of sleep due to pain. The physical examination shows tenderness to palpation of the cervical spine paravertebral muscles and bilateral trapezii with spasm, decreased range of motion and pain with Kemp's. Tenderness on palpation to the thoracic paravertebral muscles with spasms, decreased range of motion, and positive Kemp's. Tenderness to palpation is noted to the lumbar spine paravertebral muscles with spasms, decreased range of motion, and pain with Kemp's. Tenderness to palpation is noted to the right shoulder with decreased range of motion and pain with supraspinatus press. Tenderness is noted with palpation of the right elbow with decreased range of motion and pain with Cozen's and Mill's. Tenderness to palpation is noted at the right wrist with decreased range of motion and pain with Phalen's. Right hip shows tenderness to palpation with decreased range of motion and pain with FABERE. Finally, right knee tenderness is noted on palpation with decreased range of motion and pain with

McMurray's. Recommendations include continue chiropractic care for four weeks, then acupuncture, cervical spine x-rays, thoracic spine x-rays, lumbar spine x-rays, right shoulder x-rays, right elbow x-rays, right wrist x-rays, right hip x-rays, right knee x-rays, functional capacity evaluation, follow up with primary care physician regarding non-industrial complaints, expand claim to include neck and upper extremity complaints, and follow up in four to six weeks. Utilization Review denied a request for acupuncture for the neck, low back, and thoracic spine regions on 8-31- 2015.

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

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

**Acupuncture 2 times a week for 6 weeks for the neck, thoracic and lower back:** Upheld

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

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

**Decision rationale:** Provider requested initial trial of 12 acupuncture sessions for the neck, thoracic, and lower back which were non-certified by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, the request for 12 Acupuncture visits is not medically necessary.