

<b>Case Number:</b>	CM15-0187317		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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(n) 60 year old female, who sustained an industrial injury on 2-14-14. The injured worker was diagnosed as having cervical sprain, shoulder impingement, carpal tunnel syndrome and lumbar radiculopathy. The physical exam (through 4-28-15) revealed reduced sensory in the bilateral L5-S1 dermatome, positive right shoulder impingement sign and decreased cervical, right shoulder and lumbar range of motion. Treatment to date has included a right shoulder MRI on 4-1-15, an EMG-NCS of the upper and lower extremities on 4-7-15 showing left chronic C5 and L4 radiculopathy and acupuncture (number of sessions not documented). As of the PR2 dated 9-1-15, the injured worker reports she has almost completed her acupuncture treatments. She noted that the acupuncture is "very beneficial" and "controls" her pain. She continues to have pain in her neck, shoulder, arms, lower back and bilateral lower extremities. Objective findings include reduced sensory in the bilateral L5-S1 dermatome, positive right shoulder impingement sign and decreased cervical, right shoulder and lumbar range of motion. The treating physician requested acupuncture 3 x weekly for 4 weeks to the shoulder, cervical spine, arms, wrists, bilateral lower extremities, left foot and left elbow. On 9-1-15 the treating physician requested a Utilization Review for acupuncture 3 x weekly for 4 weeks to the shoulder, cervical spine, arms, wrists, bilateral lower extremities, left foot and left elbow. The Utilization Review dated 9-18-15, non-certified the request for acupuncture 3 x weekly for 4 weeks to the shoulder, cervical spine, arms, wrists, bilateral lower extremities, left foot and left elbow but approved three acupuncture visits.

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

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

**Acupuncture # 12 visits (3x4), Shoulders, Cervical Spine, Arms, Wrists, Bilateral Lower Extremities, Left Foot , Left Elbow: Upheld**

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

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture visits with improvement. Three further visits were approved on 9/18/15. However, the provider fails to document objective functional improvement associated with the completion of the three additional certified acupuncture visits. If the visits were never completed, the provider must document that the claimant did not have further visits. Therefore further acupuncture is not medically necessary as requested at this time.