

<b>Case Number:</b>	CM15-0196365		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	08/08/2005
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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:

This is a 53 year old female who sustained an industrial injury on 8-8-2005. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain and degenerative disc disease, lumbar strain and degenerative disc disease, bilateral shoulder strain and adhesive capsulitis and chronic pain syndrome. According to the progress report dated 8-27-2015, the injured worker complained of pain in the neck rated 10 out of 10. She also complained of pain in her back, bilateral shoulders, arms and hands. Per the treating physician (8-27-2015), the injured worker was not currently working. The physical exam (8-27-2015) revealed positive myospasm of the neck with decreased, painful range of motion and tenderness to palpation. There was decreased, painful range of motion of the lumbar spine along with positive myospasm. Treatment has included massage, injections and medications (Trazodone, Prilosec and Naprosyn). The request for authorization was dated 9-1-2015. The original Utilization Review (UR) (9-9-2015) denied a request for acupuncture for the neck and back.

### 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 3 weeks for the neck and back:** Upheld

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

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

**Decision rationale:** The utilization review document of September 9, 2015 denied the treatment request for 6 acupuncture visits to manage the patient's neck and back citing CA MTUS acupuncture treatment guidelines. The reviewed medical records identify a date of injury 2005 with no interim reference to any alternative medicine being provided to the patient's chronic lower back since 2014 when documentation was provided to you lumbar spine episode. The reviewed medical documents failed to address the patient's prior history of acupuncture and it provided what evidence of functional gains were experienced by the injured worker. There was no review documentation of any decrease in medical management or evidence that medication it provided was reduced secondary to alternative care management. The records do show a consistent reporting of decreased lumbar spine range of motion and muscle spasms and again an unknown quantity of acupuncture application. The lack of interim reporting of any alternative case management in the absence of any demonstrated acute presentation of lower back pain or impairment would lead to a denial of acupuncture management per CA MTUS guidelines. Medical necessity for initiation of a treatment plan consisting of 6 acupuncture visits to manage neck and back complaints is not supported by the reviewed medical records or CA MTUS acupuncture treatment guidelines. The request is not medically necessary.