

<b>Case Number:</b>	CM15-0198143		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	12/11/2007
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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 54 year old female, who sustained an industrial injury on 12-11-2007. She has reported subsequent neck, bilateral shoulder and bilateral wrist pain and was diagnosed with degenerative joint disease of the shoulder, bilateral carpal tunnel syndrome, bilateral lateral epicondylitis and myofascial syndrome of the cervical spine. Treatment to date has included pain medication. Documentation submitted was minimal. Although documentation shows that physical therapy and acupuncture visits had been requested in 2014, there is no indication as to whether any visits were received. In a progress note dated 08-19-2015, the injured worker reported neck pain left greater than right, left shoulder pain with numbness, tingling of the left hand, left wrist, and hand pain that was documented as moderate with numbness and tingling. Activities of daily living were noted to be affected by the symptoms. Objective examination findings revealed palpable tenderness of the cervical spine, left shoulder and bilateral wrists left greater than right, muscle spasms of the cervical spine, decreased range of motion of the cervical spine, left shoulder and bilateral wrists, positive impingement sign of the left shoulder and positive Tinel's and Phalen's tests. Work status was documented as permanent and stationary. The physician noted that a short course of acupuncture to the cervical spine and bilateral shoulders was recommended. A request for authorization of acupuncture 8 sessions 2 x 4 (cervical spine, bilateral shoulders) was submitted. As per the 09-14-2015 utilization review, the request for acupuncture 8 sessions 2 x 4 (cervical spine, bilateral shoulders) was non-certified.

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

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

**Acupuncture 8 sessions 2x4 (cervical spine, bilateral shoulders): Upheld**

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

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

**Decision rationale:** The Acupuncture Treatment guidelines recommend an initial trial of acupuncture for chronic pain. The guideline recommends 3-6 visits to produce functional improvement. Acupuncture may be extended with documentation of functional improvement. Based on the submitted documents, an initial acupuncture session appears to be medically necessary. However, the provider's request for 8-acupuncture session exceeds the guidelines recommendation for an initial trial, which the guidelines recommend 3-6 visits. Therefore, the provider's request is not consistent with the evidence-based guidelines and therefore is not medically necessary at this time.