

<b>Case Number:</b>	CM15-0198800		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/30/2005
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 60 year old female, who sustained an industrial-work injury on 9-30-05. She reported initial complaints of neck, right shoulder, wrist, back and lower extremity pain. The injured worker was diagnosed as having cervical spine sprain-strain rule out disc displacement, rule out cervical radiculopathy, status post right shoulder rotator cuff repair with residual pain, status post bilateral carpal tunnel release with residual pain, rule out recurrent bilateral carpal tunnel syndrome, lumbago, lumbar spine sprain-strain rule out disc displacement, and rule out lumbar radiculopathy. Treatment to date has included medication, physical therapy, home exercise program (HEP), walker use, chiropractic care, shockwave therapy, 8 acupuncture treatment, and surgery (rotator cuff repair in 2008, right thumb release, left thumb and long finger release). Currently, the injured worker complains of burning, radicular neck pain, and muscle spasms greater on the right side. Pain was constant and rated 7-8 out of 10. It radiated to the bilateral upper extremities and was associated with numbness and tingling that included the hands and fingers. Symptoms also included low back extending into the bilateral lower extremities. Activities aggravated the pain and relieved with rest. Symptoms persisted with medications offering temporary relief of pain and improve sleep. Per the primary physician's progress report (PR-2) on 6-11-15, cervical exam notes tenderness with palpation to the paraspinal, trapezius, and scalene muscles and decreased range of motion. Exam of the right shoulder notes tenderness to palpation at the supraspinatus, trapezius, levator scapula, and rhomboids with decreased range of motion. Wrist-hand exam reports tenderness over the carpal bones and over the thenar and hypothenar eminence with decreased range of motion. Lumbar

spine exam notes an abnormal gait with use of a walker, unable to heel-toe walk, tenderness to the paraspinal muscles and over the lumbosacral junction with decreased range of motion, decreased sensation at L4-S1 dermatomes, 4 out of 5 motor strength, and DTR (deep tendon reflexes) are normal. Current plan of care includes continued treatments and diagnostics. The Request for Authorization requested service to include Acupuncture 2 times a week for 4 weeks cervical spine QTY 8. The Utilization Review on 9-8-15 denied the request for Acupuncture 2 times a week for 4 weeks cervical spine QTY 8, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines; Acupuncture Treatment 2007.

### **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 4 weeks cervical spine QTY 8: 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 8, 2015 denied the treatment request for acupuncture, twice weekly for four weeks in management of the patient's cervical spine citing CA MTUS acupuncture treatment guidelines the patient's prior medical history includes cervical sprain with possible disc displacement and radiculopathy as well as status post right shoulder rotator cuff repair residuals and postoperative carpal tunnel symptoms. Lumbar spine residuals were also included in the patient's history secondary to identified disc pathology. The patient's prior medical history of treatment does include acupuncture, eight visits the medical necessity for continuation of acupuncture care, eight sessions to the patient cervical spine is not supported by the reviewed medical records that reflected any functional improvement following the initiation of acupuncture with no clinical evidence that applied care led to any functional improvement as required by CA MTUS. The medical necessity for continued acupuncture care eight sessions was not supported by the reviewed medical records or meets the criteria for additional treatment per CA MTUS acupuncture treatment guidelines acupuncture treatment guidelines. Therefore the request is not medically necessary.