

Case Number:	CM15-0201990		
Date Assigned:	10/16/2015	Date of Injury:	12/15/2010
Decision Date:	12/02/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/14/2015

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:

The injured worker is a 54-year-old male, who sustained an industrial injury on 12-15-2010. The injured worker is undergoing treatment for: left shoulder tendinosis and rotator cuff syndrome, cervical disc bulges with neuroforaminal stenosis, and radiculopathy, and chronic myofascial pain syndrome. On 10-2-15, he reported pain to the left shoulder and neck with shooting pain into the left upper extremity. He indicated there to be associated numbness and tingling in the bilateral upper extremities, left more than right and headaches. He rated his pain 4-8 out of 10. Objective findings revealed loss of normal lordotic curve of the neck, muscle spasm and tenderness in the neck and left supraclavicular region, diminished sensation to light touch in the left arm, and restricted left shoulder and neck ranges of motion, and positive impingement test of the left shoulder. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the cervical spine (12-26-14), electrodiagnostic studies (1-26-15), left shoulder surgery (date unclear), multiple completed sessions of acupuncture indicated to have given 60-65 percent relief of pain. Medications have included: Flexeril, Neurontin, Prilosec, Ultracet and Naproxen. Current work status: restricted. The request for authorization is for: acupuncture two times weekly for 6 weeks for the left shoulder and cervical spine. The UR dated 9-23-15: non-certified the request for acupuncture two times weekly for 6 weeks for the left shoulder and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twice weekly, left shoulder and cervical spine QTY 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment

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

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical records documented 60-65% improvement with Acupuncture but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.