

<b>Case Number:</b>	CM15-0205012		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 56-year-old male, who sustained an industrial injury on 6-28-12. Medical records indicate that the injured worker is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy, displacement of cervical intervertebral disc without myelopathy, disorders of bursae and tendons in the shoulder region unspecified and chronic pain syndrome. The injured workers current work status was not identified. On (9-10-15 and 7-16-15) the injured worker complained of ongoing neck and left shoulder pain with radiation to the left arm. The injured worker also noted upper back pain and more pain in the lower back with radiation to the left leg. Associated symptoms include tingling in the left hand and foot and weakness in the left leg. The pain was rated 5 out of 10 with medications and the average pain level was 6 for the past seven days. Examination of the cervical spine revealed tenderness to palpation over the bilateral cervical paraspinal muscles and a decreased range of motion. Examination of the lumbar spine revealed tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. Left shoulder examination revealed tenderness to palpation over the posterior aspect of the shoulder. Range of motion was decreased. Treatment and evaluation to date has included medications, MRI of the lumbar spine, chiropractic treatments and acupuncture treatments (4). Current medications include Nabumetone and Omeprazole. The request for authorization dated 9-28-15 included a request for additional acupuncture treatments # 9 to the cervical spine, left shoulder and lumbar spine. The Utilization Review documentation dated 10-6-15 non-certified the request for additional acupuncture treatments # 9 to the cervical spine, left shoulder and lumbar spine.

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

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

**Additional sessions of acupuncture for the cervical Spine, Left shoulder and Lumbar Spine # 9:** Upheld

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

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

**Decision rationale:** The patient complained of low back pain with radiation to the legs. The patient received acupuncture treatments in the past. There was 5 degrees of improvement in flexion. However, there was no documentation of functional improvement from prior acupuncture treatments. The guideline states that acupuncture may be extended with documentation of functional improvement. Based on the lack of functional improvement, the provider's request for 9 additional acupuncture session is not medically necessary at this time.