

<b>Case Number:</b>	CM15-0205981		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: 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 47 year old male, who sustained an industrial-work injury on 11-12-12. A review of the medical records indicates that the injured worker is undergoing treatment for cervical pain, post cervical laminectomy syndrome, cervical radiculopathy and shoulder pain. Treatment to date has included pain medication Norco, diagnostics, cervical spinal fusion 1-25-13 with no pain relief, physical therapy which was not beneficial in 2013, cervical fusion, cervical epidural steroid injection (ESI) 1-2015 moderate pain relief for 1 day, right shoulder steroid injection with moderate relief and other modalities. Medical records dated 6-22-15 indicate that the injured worker complains of neck, right shoulder and right upper extremity pain. The neck pain radiates to the right hand with numbness, tingling and weakness in the right hand and arm. He describes the pain as muscle pain with pins and needles sensation. The pain is aggravated by activities and he states that he can only lift less than 20 pounds. Per the medical record dated 5-21-15 the physician indicates that x-ray of the cervical spine reveals C4-5 fusion with diffuse cervical degenerative disc disease (DDD) above and below the level of fusion. The right shoulder x-ray reveals moderate acromioclavicular joint (AC) arthritis. The Magnetic Resonance Imaging (MRI) of the right shoulder from 2012 reveals partial rotator cuff tendon tear involving the supraspinatus as well as mild glenohumeral and acromioclavicular joint (AC) arthritis. Per the treating physician report dated 6-22-15 work status is modified. The physical exam reveals cervical spine has restricted range of motion, and there is tenderness noted in the cervical paracervical muscles, rhomboids and trapezius. The right shoulder movements are restricted. The Hawkin's, Neer's, empty can and lift-off tests are positive and there is tenderness

to palpation. The requested service included Acupuncture times 12 sessions. The original Utilization review dated 10-13-15 modified the request for Acupuncture times 12 sessions modified to Acupuncture times 6 sessions.

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

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

#### **Acupuncture x 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture guidelines.

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

**Decision rationale:** Based on the records available, this patient did not have prior acupuncture care. As the patient continued symptomatic an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary care physician requested an initial 12 acupuncture sessions, which is exceeding the number recommended by the guidelines without current extenuating circumstances documented, the request is seen as excessive, the request is not medically necessary and not supported.