

<b>Case Number:</b>	CM15-0206483		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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 male, who sustained an industrial injury on 1-07-2013. The injured worker was diagnosed as having cervical spine sprain-strain rule out herniated nucleus pulposus, cervical radiculopathy, bilateral shoulder sprain-strain rule out internal derangement, lumbar spine sprain-strain rule out herniated nucleus pulposus, lumbar radiculopathy, and bilateral knee sprain-strain rule out internal derangement. Treatment to date has included diagnostics, "several courses of physical therapy", and medications. Currently (9-21-2015 Initial Comprehensive Primary Treating Physician Report), the injured worker complains of burning, radicular neck pain, associated with numbness and tingling of the bilateral upper extremities, rated 7 out of 10, burning bilateral shoulder pain with radiation down the arms to the fingers, associated with muscle spasms, rated 7 out of 10, burning radicular low back pain and muscle spasms, associated with numbness and tingling of the lower extremities, rated 7 out of 10, and burning bilateral knee pain and muscle spasms, with numbness, tingling, and pain radiating to the feet, rated 7 out of 10. He reported that pain was alleviated with medications, rest, and activity restriction. Exam of the cervical spine noted tenderness to palpation of the paraspinal muscles and decreased range of motion. Exam of the shoulders noted tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle bilaterally and decreased range of motion. Sensation was decreased over the C5-T1 dermatomes in the upper extremities and motor strength was decreased secondary to pain. Exam of the lumbar spine noted tenderness to palpation of the paraspinal muscles and decreased range of motion. Exam of the bilateral knees noted tenderness to palpation over the medial and lateral joint line and range of motion 0-110 degrees. Sensation was decreased at the L4-S1 dermatomes bilaterally and motor strength was decreased secondary to pain. Current medication regimen was not specified. His work status was total temporary disability. The treatment plan included acupuncture two times a week for six weeks cervical, lumbar, left knee, both shoulders, non-certified by Utilization Review on 9-29-2015.

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

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

**Acupuncture two times a week for six weeks cervical, lumbar, left knee, both shoulders:**  
Upheld

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

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

**Decision rationale:** The September 29, 2015 utilization review document denied the treatment request for 12 acupuncture visits to the patient cervical spine, lumbar spine, left knee and bilateral shoulders citing CA MTUS acupuncture treatment guidelines. The reviewed medical records did identify moderate to greater residual pain in the neck, right shoulder, left shoulder, left knee consistent with residual cervicalgia, lumbago and residual bilateral shoulder sprain strain and left knee pain but no reference as to whether the treatment being requested was a continuation of acupuncture care or an initial trial of care that per CA MTUS guidelines would be six visits. In the absence of any clarification as to whether the care was continued or initial treatment course, the 12 acupuncture visits were denied. The medical necessity for initiation of care in the absence of requested information was not provided or compliant with CA MTUS acupuncture treatment guidelines. The request is not medically necessary.