

<b>Case Number:</b>	CM15-0023097		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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 36 year old male, who sustained an industrial injury on 08/01/2009. He has reported subsequent neck, upper extremity and shoulder pain and was diagnosed with cervical intervertebral disc disorder, cervical radiculopathy and peri-arthritis of the shoulder. Treatment to date has included physiotherapy and acupuncture. In a progress note dated 12/17/2014, the injured worker complained of neck, wrist and hand pain rated as an 8/10. Objective physical examination findings were notable for palpable tenderness at the left posterior shoulder, left cervical dorsal, left cervical, right cervical, right cervical dorsal, right posterior shoulder, left posterior hand, left anterior hand and right anterior hand with reduced cervical range of motion. Per medical notes dated 12/31/14, patient is doing physiotherapy and acupuncture 2-3 times a week with minimal relief. A request for authorization of additional acupuncture treatments was made. On 01/08/2015, Utilization Review non-certified a request for acupuncture, noting that there was no evidence of objective functional improvement with previous acupuncture treatment. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times 6 weeks - cervical, lumbar, bilateral shoulders: Upheld**

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

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional 2X6 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. 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, 2x6 acupuncture treatments are not medically necessary.