

<b>Case Number:</b>	CM15-0222153		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	02/07/2015
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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 51 year old male who sustained an industrial injury on 02-07-2015. Medical records indicated the worker was treated for left shoulder complete rotator cuff tear, cervical spine stenosis at C3-4 with spinal cord compression, and cervical spondylotic radiculopathy. A MRI of the cervical spine done 02-20-2015 noted disc herniations and bulges at multiple levels throughout the cervical spine that is most severe at C3-C4 where there is flattening of the spinal cord and moderate to severe central spinal canal stenosis. Another MRI of 02-20-2015 showed a full thickness tear of the rotator cuff, acromioclavicular joint arthropathy, osseous contusion humeral head, and medial subluxation of the biceps tendon with a partial tear. According to examination notes of 03-12-2015, the worker received acupuncture 02-2015 and it helped his symptoms. The worker has been treated with physical therapy (evaluation 03-23-2015), and medications (tramadol, cyclobenzaprine, Naproxen, and omeprazole). An arthroscopic rotator cuff repair was scheduled for 07-23-2015, and then deferred due to decision by the surgeon that the cervical spine surgery should take place first. An electromyogram (08-21-2015) was felt to be in normal limits. In provider notes of 08-05-2015, the worker complains of neck pain that was constant and of dropping items. On examination, he had tenderness and spasm of the cervical paraspinal muscles. Treatment plan was a repeat electromyogram nerve conduction velocity, and acupuncture 2-3 times a week for 6 weeks. In provider notes of 10-14-2015, the worker complained of frequent neck pain, constant left shoulder pain and weakness, and lower back constant pain. On exam, he was tender to palpation in the paraspinal muscles of the cervical and lumbar spine with spasm. The lumbar spine has

positive straight leg raise bilateral. Treatment plan included continuation of acupuncture 2-3x weekly for six weeks, with a follow up with a spine surgeon and a hand specialist. Although there are records of an initial physical therapy evaluation, no documentation of measurable functional improvements with acupuncture is found. A request for authorization was submitted for Acupuncture 3 x week x 6 weeks, Left Shoulder. A utilization review decision 10-30-2015 non-certified the request.

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

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

**Acupuncture 3 x week x 6 weeks, Left Shoulder:** Upheld

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

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After prior eighteen acupuncture sessions (reported as beneficial, no specifics documented), the patient continues symptomatic, and no evidence of any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was provided to support the medical necessity of the additional acupuncture requested. In addition, the request is for acupuncture x 18, a number that significantly exceeds the guidelines without a medical reasoning to support such a request. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 18 fails to meet the criteria for medical necessity. Therefore, the request is not medically necessary.