

<b>Case Number:</b>	CM15-0222168		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	11/14/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/28/2015
<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: Physical Medicine & Rehabilitation

### 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 61 year old male, who sustained an industrial injury on 11-14-2014. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for cervical foraminal narrowing, cervical muscle spasm, cervical disc protrusion, left shoulder myoligamentous injury, left shoulder large retracted rotator cuff tear, and status post left shoulder. Treatment and diagnostics to date has included physical therapy and medications. Recent medications have included Norco, Ibuprofen, and Methoderm gel. Subjective data (09-17-2015 and 10-16-2015), included left shoulder pain with tingling and numbness in left arm. Objective findings (10-16-2015) included tenderness to palpation and muscle spasms of the cervical paravertebral muscles and bilateral trapezii and painful left shoulder range of motion. The request for authorization dated 10-16-2015 requested acupuncture 2-3x per week for 6 weeks, follow up with orthopedic surgeon, and refer to pain management. The Utilization Review with a decision date of 10-28-2015 non-certified the request for acupuncture 12-18 sessions to the cervical spine and left shoulder 2-3x week x 6 weeks and consultation with pain management for the cervical spine and the left shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 12-18 sessions to the cervical spine and left shoulder, 2-3 x a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

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

**Decision rationale:** The current request is for Acupuncture 12-18 sessions to the cervical spine and left shoulder, 2-3 x a week for 6 weeks. The RFA is dated 10/16/15. Treatment history include physical therapy, left shoulder surgery (06/11/15), Chiropractic treatments, home exercise program, and medications. The patient is not working. MTUS Guidelines, Acupuncture section, page 13 states: See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the workers compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. Per report 10/16/15, the patient presents with chronic neck and left shoulder pain with tingling and numbness in left arm. Objective findings of the cervical spine included tenderness to palpation and muscle spasms of the cervical paravertebral muscles and bilateral trapezii. Examination of the left shoulder revealed decreased and painful range of motion. Under treatment plan, the treater states "continue acupuncture 2-3 times weekly for 6 weeks." The exact number acupuncture received to date and the objective response to the treatments were not documented in the medical reports. The treater has simply recommended the patient to "continue" acupuncture treatments. MTUS guidelines support 3-6 sessions initially, with additional treatments being contingent upon documented functional improvement. Given the lack of functional gains obtained from previous acupuncture treatments, the request for additional sessions cannot be supported. The request IS NOT medically necessary.

**Consultation with pain management for cervical spine and the left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127.

**Decision rationale:** The current request is for Consultation with pain management for cervical spine and the left shoulder. The RFA is dated 10/16/15. Treatment history include physical therapy, left shoulder surgery (06/11/15), Chiropractic treatments, home exercise program, and medications. The patient is not working. ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may

be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." Per report 10/16/15, the patient presents with chronic neck and left shoulder pain with tingling and numbness in left arm. Objective findings included tenderness to palpation and muscle spasms of the cervical paravertebral muscles and bilateral trapezii. The left shoulder revealed decreased and painful range of motion. Treatment plan included a referral for a pain management consultation. The patient is status post left shoulder surgery on 06/11/15, and continues to experience pain that have been unresolved by conservative measures. ACOEM guidelines indicate that such consultations are supported by guidelines at the care provider's discretion, and could be an appropriate measure to improve this patient's course of care. Therefore, the request IS medically necessary.