

<b>Case Number:</b>	CM15-0046160		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	05/17/2005
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 66-year-old female, who sustained an industrial injury on 05/17/2005. She has reported injury to the left shoulder, neck, and lower back. The diagnoses have included brachial neuritis or radiculitis; disorders of bursae and tendons in shoulder region; and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Vicodin, Naproxen, Gabapentin, and Omeprazole. A progress note from the treating physician, dated 01/27/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in the neck, upper back, and left shoulder with radiation to the arm; pain in the mid back and lower back with radiation to both legs; pain is associated with numbness and tingling in the arms, left hand, legs, and feet, as well as weakness in the arms and left hand; and she would like to try some therapy. Objective findings included tenderness to palpation over the bilateral cervical paraspinal muscles, over the posterior aspect of the left shoulder, over the right lumbar paraspinal muscles, and over the sciatic notch; and decreased ranges of motion. The treatment plan included acupuncture for the left shoulder, neck, and low back area. Request is being made for Acupuncture 3 x 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3 x 3:** Upheld

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

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

**Decision rationale:** In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care, 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 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 9 sessions, which is significantly more than the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.