

<b>Case Number:</b>	CM15-0054068		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	01/07/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 51 year old male, who sustained an industrial injury on 01/07/2011. According to a progress report dated 01/16/2015, the injured worker continued to complain of pain in his left shoulder, aggravated with any type of overhead activity, which limited his ability to perform self-care tasks. He continued to experience pain when he brushed his hair, brushed his teeth and put on his clothes. He underwent arthroscopic surgery to he left shoulder on 01/27/2011 and manipulation under anesthesia on 06/20/2011 but remained symptomatic. A corticosteroid injection on 11/14/2014 provided close to 4 weeks of benefit. He also continued to complain of pain in his lower back, which radiated down to both lower extremities. Pain level was rated 8 on a scale of 0-10. He had significant pain relief from a lumbar epidural steroid injection on 03/17/2014. It provided 60 percent relief lasting at least ½ month. Medications included Norco, Prilosec, Neurontin and Anaprox DS. The assessment included lumbar myoligamentous injury with left lower extremity radicular symptoms, status post left shoulder rotator cuff repair and manipulation under anesthesia and medication induced gastritis. The treatment plan included a diagnostic transforaminal epidural steroid injection at left L5-S1, trigger point injections, left shoulder MR arthrogram, referral to an orthopedic surgery for consideration for further surgery to the left shoulder, referral to another named provider to evaluate ongoing debilitating pain in the lower back, medications, physical therapy for the lumbar spine, cervical spine and left shoulder, acupuncture, lumbosacral orthosis and a left shoulder corticosteroid injection. Currently under review is the request for acupuncture 2 times per week times 6 weeks for the left shoulder, cervical and lumbar spine.

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

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

**Acupuncture 2 x per week x 6 weeks, Body part: left shoulder, cervical, lumbar:** Upheld

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

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

**Decision rationale:** The UR determination of 2/19/15 denied the request for Acupuncture Treatment 2x6 to the patients left shoulder, cervical and lumbar spines citing CAMTUS Acupuncture Treatment Guidelines. Reviewed medical records failed to document functional gains with care prior to this request for 12 additional visits. "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. The reviewed medical records did not support the medical necessity for 12 Acupuncture sessions to the patients left shoulder, cervical or lumbar spine regions or comply with referenced CAMTUS Acupuncture Treatment Guidelines. Therefore, the request is not medically necessary.