

<b>Case Number:</b>	CM15-0055353		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/23/2015
<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 44 year old female, who sustained an industrial injury on 9/13/12. The injured worker has complaints of left side of neck pain, superior scapular area and radiates to the mid clavicular, then to the shoulder and down her arm. The diagnoses have included sprain/strain, cervical spine; sprain/strain, left shoulder; chronic neck pain with neuropathy and depression/anxiety. Treatment to date has included physical therapy; steroid injections; magnetic resonance imaging (MRI) of her cervical spine and her shoulder; chiropractic treatment; use of her hot tub; heat, massage and medications. The request was for outpatient acupuncture treatments to cervical spine and bilateral shoulder areas.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 outpatient acupuncture treatments to cervical spine and bilateral shoulder areas:** Upheld

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

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

**Decision rationale:** The patient complained of left side of neck and shoulder pain with radiation down to the arm. The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends an initial trial of 3-6 visits. It states that acupuncture may be extended with documentation of functional improvement. There was no evidence that the patient had prior acupuncture treatments in the past. The provider requested 12 acupuncture session and 6 was authorized which is consistent with the evidence based guidelines for an initial acupuncture trial. There was no documentation of functional improvement to warrant additional acupuncture sessions beyond the 6 initial sessions. Therefore, the provider's request for 6 acupuncture session is not medically necessary at this time.