

<b>Case Number:</b>	CM15-0057218		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	12/03/1993
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 57 year old male, who sustained an industrial injury on 12/03/1993. He has reported injury to the neck and low back. The diagnoses have included cervicalgia; degeneration of cervical intervertebral disc; chronic migraine; and degeneration of lumbar/lumbosacral intervertebral disc. Treatment to date has included medications, diagnostics, ice, injections, acupuncture, physical therapy, and surgical intervention. Medications have included Oxycodone, Diclofenac, Lidoderm patch, and Diazepam. A progress note from the treating physician, dated 03/03/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of head, neck, and bilateral shoulder pain; and reported 80% relief with recent Botox myoblock injection. Objective findings included tenderness to palpation of the cervical paraspinal muscles with decreased range of motion; tenderness to the bilateral shoulders; and tenderness to the thoracic spine and lumbar spine. The treatment plan has included the request for acupuncture twice a week for two to three months or until next Botox injection for the head and neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture twice a week for two to three months or until next Botox injection for the head and neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Trigger Point Injections; Botulinum toxin Page(s): 122; 25-26.

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

**Decision rationale:** Patient has had prior acupuncture treatment. Provider requested additional acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, acupuncture treatments twice a week for 2-3 months or until next botox injection are not medically necessary.