

<b>Case Number:</b>	CM15-0059959		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 33 year old, male who sustained a work related injury on 10/30/13. The diagnoses have included status post left shoulder surgery, rotator cuff tear, lumbar disc protrusion and lumbar radiculopathy. Treatments have included electrodiagnostic studies, medications, MRIs, and physical therapy. In the PR-2 dated 2/9/15, the injured worker complains of low back pain with radiation down left leg with numbness and tingling. He rates this pain a 9/10. He complains of left shoulder that radiates down left arm with numbness and tingling. He rates this pain a 9/10. The treatment plan is to request 6 acupuncture sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Acupuncture 1 x 6 for the left shoulder & low back:** 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 low back pain with radiation down the left leg with numbness and tingling. The patient rates his pain at 9/10. The guideline states that

acupuncture may be extended with documentation of functional improvement. The provider has requested 6 additional acupuncture to the left shoulder and low back. However, there was no objective quantifiable documentation regarding functional improvement from prior acupuncture care. Therefore, the provider's request is not medically necessary at this time.