

<b>Case Number:</b>	CM15-0063185		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	06/03/2002
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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 50 year old female, who sustained an industrial injury on 06/03/2002. She has reported subsequent neck and low back pain and was diagnosed with chronic cervical pain with herniated nucleus pulposus at C4-C5 level, scapulothoracic crepitus syndrome, bilateral trochanteric bursitis and chronic lumbar back pain. Treatment to date has included oral pain medication, physical therapy, epidural steroid injections and acupuncture. In a progress note dated 02/27/2015, the injured worker complained of neck, back, shoulder and left leg pain. Objective findings were notable for paracervical and parathoracic tenderness and supraspinatus and infraspinatus tenderness on the left. The physician noted that the injured worker had previously had relief of pain from acupuncture and a request for authorization of 12 sessions of acupuncture was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient acupuncture treatment 2 times a month for 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The guidelines indicate the amount of acupuncture to produce functional improvement is 3 to 6 treatments, also note extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." After an unknown number of prior acupuncture sessions (reported as beneficial in reducing symptoms), no significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture was documented to support the reasonableness and necessity of the additional acupuncture requested. Based on the providers reporting, the patient is not presenting a flare up of the condition, or a re-injury and the acupuncture is requested every other week (twice a month) for 6 months. The use of acupuncture for maintenance, prophylactic or custodial care is not supported by the Guidelines MTUS. In addition the request is for acupuncture x 12, number that exceeds significantly the guidelines recommendations without a medical reasoning to support such request. Therefore, the additional acupuncture x 12 is not supported for medical necessity.