

<b>Case Number:</b>	CM15-0083870		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	05/09/2014
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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 71 year old male, who sustained an industrial injury on May 9, 2014 incurring neck, left shoulder and back injuries. He was diagnosed with cervical displacement disease and cervical stenosis. Magnetic Resonance Imaging of the left shoulder revealed a partial tear and tendinosis. A cervical Magnetic Resonance Imaging showed multilevel degenerative changes with spinal stenosis and disc protrusion. He was diagnosed with cervical disc disease, cervical radiculopathy, and cervical stenosis, left shoulder impingement and left subscapular tear and tendinosis. Treatment included physical therapy, acupuncture, modified activity, anti-inflammatory drugs, muscle relaxants and pain medications. Currently, the injured worker complained of persistent neck pain and stiffness. He complained of neck pain with motion. The treatment plan that was requested for authorization included acupuncture for four weeks to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture two times a week for four weeks to the cervical spine:** 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 neck pain with motion. The Acupuncture Medical Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. According to the progress report dated 5/4/2015, the patient completed 18 acupuncture sessions and reported to be 20% better. There was no evidence of objective quantifiable documentation regarding functional improvement from previous acupuncture therapy. In addition, there was no evidence of reduction in the dependency on continued medical treatment. Therefore, the provider's request for 8 additional acupuncture sessions is not medically necessary at this time.