

<b>Case Number:</b>	CM14-0112688		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/11/2000
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is licensed in Acupuncturist and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 55-year old female who sustained an industrial injury on 10/11/00. The mechanism of the injury is not documented. The current diagnosis is: Cervical degenerative disc disease, shoulder sprain/strain, acid reflux, sleep disturbance unspecified, poor coping with chronic pain, and myofascial pain. The patient is taking the following medication: Zoloft, Vicodin, Flexeril, Ibuprofen, Lidocaine patches, Omeprazole, Nortriptyline, Atenolol and Sertraline. The patient is using TENS unit and traction. The documentation shows the patient has had acupuncture in the past, but it is unknown how many sessions were administered. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course of acupuncture treatment. The medical necessity for the requested 6 acupuncture sessions for the cervical/shoulder has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 1 x wk, x 6 weeks, for the Cervical/Shoulder:** Upheld

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

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

**Decision rationale:** The patient is a 55-year-old female who sustained an industrial injury on 10/11/00. The mechanism of the injury is not available at this time. The current diagnosis is: Cervical degenerative disc disease, shoulder sprain/strain, acid reflux, sleep disturbance unspecified, poor coping with chronic pain, and myofascial pain. She is on a variety of medications. She has completed an unknown number of acupuncture sessions. There is no documentation of functional improvement. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions, and the objective findings from the provider are unknown. The medical necessity for the requested 6 acupuncture sessions has not been established.