

<b>Case Number:</b>	CM14-0138637		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/14/2005
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Board Certified in Orthopaedic Surgery, and is licensed to practice in California. 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 injured worker is a 55 year old female who reported arms, shoulder, low back, neck, right leg and left buttock pain from injury sustained on 06/14/05 while assisting in lifting a refrigerator. MRI of the cervical spine revealed multilevel disc protrusion, disc desiccation, and grade 1 chronic compression deformity of C5 and C6 vertebrae. MRI of the lumbar spine revealed mild facet arthropathy at L3-4 and L4-5, posterior annular tear with a 1mm midline disc protrusion resulting in mild effacement of the anterior sac with no neural abutment or central canal narrowing. The patient is diagnosed with lumbosacral sprain with bilateral lower extremity radiculopathy, cervical strain with radiculopathy and cervical disc herniation. The patient has been treated with medication, physical therapy, aquatic therapy, bio feedback, epidural injection and acupuncture. Per medical notes dated 04/21/14, the patient complains of ongoing pain and discomfort in the neck region and bilateral shoulder. Pain radiates down to the lumbar spine. The patient states that she is having headaches, dizziness, and loss of memory. The patient complains of constant severe low back pain that the pain constantly radiates down the bilateral thigh, leg and foot. Per medical notes dated 05/21/14, the patient complains of constant severe low back pain which constantly radiates down the bilateral thigh, leg, foot. Prolonged walking and standing worsens her pain. Provider requested additional 2 x 3 acupuncture treatments for right shoulder. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture - two (2) times three (3) sessions for the right shoulder:** Upheld

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

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

**Decision rationale:** Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Per utilization review, patient has had prior acupuncture treatment. Per medical notes dated 04/21/14, patient complains of neck, shoulder and low back pain. The patient complains of ongoing pain and discomfort in the neck region and bilateral shoulder, pain radiates to the lumbar spine. Per medical notes dated 05/21/14, patient complains of constant severe low back pain which constantly radiates down the bilateral thigh, leg, foot. Provider is requesting additional 2 x 3 acupuncture treatments for right shoulder. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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, 2 x 3 acupuncture treatments are not medically necessary.