

<b>Case Number:</b>	CM14-0028460		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Chiropractic, has a subspecialty in Acupuncture 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 57 year old female who reported neck, left shoulder, left hand and low back pain from injury sustained on 08/02/12 due to a trip and fall. MRI (2012) of the lumbar spine revealed 3mm disc bulges at L3-4 and L4-5 resulting in mild bilateral foraminal stenosis; facet joint effusions are seen at each level. X-rays (2012) of the cervical spine revealed moderate degenerative disc disease at C5-6; mild bilateral uncinat arthrosis at C5-6 and mild spondylosis deformans at C3-4 and C4-5. X-rays (2012) of left shoulder are negative. X-rays (2012) of lumbar spine revealed mild spondylosis deformans from L1-2 to L5-S1; minimal left convexity of lumbar spine with an apex at L3. The MRI (2013) of left shoulder revealed partial undersurface tear of anterior superior glenoid labrum; supraspinatus and infraspinatus tendinosis; glenohumeral effusion. Patient is diagnosed with cervical myalgia/ myofascitis; cervical multilevel herniated nucleus pulposis; internal derangement of left shoulder; left shoulder labral tear; scapulothoracic myofascitis; thoracolumbar/ lumbar myofascitis; cumulative trauma to bilateral hands and wrists. Patient has been treated with physical therapy, chiropractic, acupuncture, work conditioning and medication. Per medical notes dated 08/06/13, patient underwent extensive conservative care to the low back including but not limited to physical therapy, manipulation, acupuncture, injections and medication. Per medical notes dated 10/03/13, patient has been treated with PT, chiropractic and acupuncture. Patient complains of neck pain rated at 3-6/10 depending on activity. Typically any twisting or turning, prolonged forward bending increases pain. Left shoulder pain rated at 4-6/10 depending on activity. Left hand pain rated at 3/10. Mid lower back pain rated at 3-6/10. Central low back pain 4-6/10 with radiation. Right ankle and knee pain has resolved. Per medical notes dated 03/27/14, She has been receiving treatment since her fall; however, she indicates that at the present time, she is not feeling better than a week after her fall. Provider is requesting 6 acupuncture treatments to

unspecified region. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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:

**Electro Acupuncture for Body Parts Not Clearly Defined - 6 visits (1x/wk x6 weeks) is not Medically Necessary and Appropriate.: 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. Patient has had prior acupuncture treatment. Per medical notes dated 08/06/13, patient underwent extensive conservative care to the low back including but not limited to physical therapy, manipulation, acupuncture, injections and medication. Per medical notes dated 10/03/13, patient has been treated with PT, chiropractic and acupuncture. Per medical notes dated 03/27/14, She has been receiving treatment since her fall; however, she indicates that at the present time, she is not feeling better than a week after her fall. 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, additional 6 acupuncture treatments for unspecified body part are not medically necessary.