

<b>Case Number:</b>	CM14-0084950		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/07/2007
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Physical Medicine and Rehabilitation 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:

This is a 34-year-old female with a 12/7/07 date of injury. The mechanism of injury occurred when she was lifting a client from a massage table and developed tightness in the chest, upper back, and bilateral shoulders. According to a progress report dated 4/15/14, the patient persisted with persistent headaches and cervical spine pain, rated as a 10/10. It was slightly improved with her last physical therapy treatment. She rated her lumbar spine pains as a 9/10 and bilateral shoulder pains as an 8/10. Objective findings: decreased cervical range of motion, tenderness to trapezius and paraspinal muscles, decreased lumbar range of motion, tenderness to paraspinals bilaterally, decreased bilateral shoulders range of motion, positive Neer's impingement and Hawkin's impingement tests and acromioclavicular joint tenderness bilaterally. Diagnostic impression: diffuse musculoskeletal myofascial pain, bilateral shoulder sprain/strain, psyche issues, headaches. Treatment to date: medication management, activity modification, physical therapy, chiropractic therapy. A UR decision dated 5/14/14 denied the request for acupuncture. It has not been confirmed if this patient has already had any acupuncture for this 2007 injury or if this is the first acupuncture the patient is going to receive for these areas, so medical necessity could not be determined within these guidelines for either six visits or continuation of acupuncture with functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Visits of acupuncture, 2 x 6 weeks to the neck and bilateral shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 9792.23 Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page 114

**Decision rationale:** CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be 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 hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. However, in the present case, it is unclear if this is a request for initiating acupuncture or to continue acupuncture treatment. There is no documentation in the records provided for review that this patient has had previous acupuncture treatment. Guidelines support up to 3-6 treatments as an initial trial, and this is a request for 12 sessions, which exceeds guideline recommendations. Therefore, the request for 12 Visits of acupuncture, two times six weeks to the neck and bilateral shoulders was not medically necessary.