

<b>Case Number:</b>	CM14-0091850		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 53 year-old male with the date of injury of 01/25/2013. The patient presents with pain in his neck, shoulders and lower back, left side worse than right. The range of cervical or left shoulder motion is limited in all directions. According to the report on 01/09/2014, diagnostic impressions are: History of injury to the left shoulder and cervical spine, Left shoulder statue post arthroscopy in December of 2013, and chronic cervical symptoms and cervical strain the utilization review determination being challenged is dated on 06/11/2014. The requesting provider, provided treatment reports from 02/03/2014 to 06/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 x 6 for Lumbar spine and Cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The patient presents with pain in his neck, left shoulder and lower back, aggravated by his activities. The request is for a total of 12 sessions of acupuncture for the

lumbar and cervical spine. Utilization review letter on 06/11/2014 indicates that 12 sessions of acupuncture was initiated on 05/16/2014. There are no therapy reports provided for this review. ACOEM guidelines allow 4-6 sessions of acupuncture treatments for neck or lower back complaints for an initial trial and up to 1-3 sessions per week, 1-2 month with functional improvement. In this case, the patient has recently had 12 sessions but the treater does not discuss the patient's response. Labor code 9792.20(e) defines functional improvement as significant change in ADL's, OR change in work status such as return to work; AND decreased dependence on medical treatments. Given the lack of discussion regarding functional improvement, additional acupuncture treatments would not be indicated. Recommendation is for denial.