

<b>Case Number:</b>	CM14-0095385		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/30/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Chiropractic Therapy and 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 66 year old male who reported neck, mid back, low back, bilateral shoulder, bilateral elbow, bilateral wrist and bilateral knee pain from an injury sustained on 09/30/12 due to cumulative trauma of repetitive car washing. An MRI of the cervical spine revealed partial fusion with loss of disc height at multiple levels, disc desiccation, reversal of normal lordosis and multilevel diffuse disc herniation. An MRI of the thoracic spine revealed multi level disc desiccation and disc herniation. An MRI of the left elbow revealed medial epicondylitis and osteophyte formation. An MRI of the right elbow revealed bursa and joint effusion. An MRI of the left shoulder revealed anterior, inferior labral tear, fraying of the superior and posterosuperior labrum, thickening of anterior capsule and adhesive capsulitis, tenosynovitis of the bicep tendon sheath, GH and AC stenosis. The patient is diagnosed with cervical, thoracic and lumbar disc displacement; cervicgia; lumbago; sprain of neck; brachial neuritis; sprain of thoracic, lumbar, shoulder, wrists, hands, knee and jaw. The patient has been treated with medication, physical therapy, acupuncture and chiropractic therapy. Per medical notes dated 05/19/14, patient complains of bilateral shoulder pain dysfunction following repetitive work-related activities. Patient describes radiation of pain into the neck and down to the elbows with stiffness and tension in the cervical spine region. Per medical notes dated 06/12/14, patient complains of neck, mid back, low back, bilateral shoulder, bilateral hand and bilateral knee pain rated at 5/10. Pain is constant and mild. The provider is requesting an additional 8 acupuncture treatments. 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 #8 sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Acupuncture Medical treatment Guidelines state that 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 functional improvement is 3-6 treatments, at a frequency of 1-3 times per week, with an optimum duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. 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, the request is not medically necessary.