

<b>Case Number:</b>	CM15-0100669		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Oriental Medicine

### 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 46 year old male who sustained an industrial injury on 7/16/12. The mechanism of injury is unclear. He currently complains of shoulder pain; mid and low back pain with radiation to both legs and tingling sensation both feet; right arm hand and leg numbness and weakness. Pain level with medications is 3/10 and without medications is 7/10. On physical exam there is tenderness on palpation over the bilateral lumbar paraspinal muscles; positive lumbar facet loading maneuver bilaterally, greater on the left. Medications are diclofenac, omeprazole, gabapentin. Diagnoses include disorders of the bursae and tendons in the right shoulder region, unspecified, status post right shoulder surgery (10/29/12); lumbago; displacement of lumbar intervertebral disc, without myelopathy. Treatments to date include moderate improvement with acupuncture 2X6 (per 3/30 15 note); epidural steroid injection on 1/13/15 with minimal improvement; medications; shoulder surgery (10/29/12) with moderate relief. Diagnostics include MRI right shoulder (4/8/13) abnormal; MRI lumbar spine (3/5/13) abnormal. In the progress note dated 3/25/15 the treating provider's plan of care includes a request for six sessions of acupuncture for the low back and right arm pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1 time a week for 6 weeks right shoulder and low back: Upheld**

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

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

**Decision rationale:** The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. After six prior acupuncture sessions (reported benefits: "improved a little bit"), the patient continues symptomatic, taking oral medication and no evidence of sustained, significant, objective functional improvement (quantifiable response to treatment) attributable to previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. Therefore, based on the lack of documentation demonstrating medication intake reduction, work restrictions reduction, activities of daily living improvement or reporting any extraordinary circumstances to override the guidelines recommendations, the additional acupuncture x 6 fails to meet the criteria for medical necessity. The request is not medically necessary.