

<b>Case Number:</b>	CM15-0105906		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	09/20/2012
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Chiropractor, 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:

This 85 year old female sustained an industrial injury to the neck and left shoulder on 9/20/12. Previous treatment included physical therapy, aqua therapy, acupuncture and medications. In a PR-2 date 4/15/15, the injured worker complained of worsening bilateral neck pain and increased pain in the left lower back and left hip. The injured worker also reported having hand pain and stiffness. The injured worker rated her pain 4-5/10 on the visual analog scale. The injured worker was requesting more acupuncture, stating that acupuncture relieved her pain and helped to keep her functional. Physical exam was remarkable for moderate tenderness to palpation in the cervical paraspinal musculature and trapezius with full range of motion with pain, 5/5 motor strength and diminished sensation to light touch in bilateral hands and fingers, limited left shoulder range of motion with positive Arc, Supraspinatus and Empty Can test. Current diagnoses included cervical spine radiculopathy, left shoulder sprain/strain and neck muscle sprain/strain. The treatment plan included requesting authorization for six sessions of acupuncture, continuing aquatic therapy and swimming.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 6 visits neck and upper back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, and Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The UR determination of 4/21/15 denied continuing Acupuncture to the patient's neck and upper back, 6 visits citing CAMTUS Acupuncture Treatment Guidelines. The patient was reported to be status post eighteen prior Acupuncture sessions that per reports did not result in documentation of functional improvement. The request for additional Acupuncture management with 6 additional visits applied to the neck and upper back is not medically necessary and was not supported by reviewed records or referenced CAMTUS Acupuncture Treatment Guidelines.