

<b>Case Number:</b>	CM15-0113458		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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:

The injured worker is a 55- year-old female who sustained an industrial injury on 3/4/2013. The injured worker was diagnosed with carpal tunnel syndrome, pain in the right shoulder joint, and cervicalgia. Cervical spine degenerative disc disease C5-6 and C6-7 with neural foraminal stenosis; cervical spinal canal stenosis; chronic right C6-C7 radiculopathy; and, right shoulder subacromial impingement/supraspinatus tendinosis. Treatment has included pain medication, which she reported to reduce pain intensity, home exercises, and chiropractic care. The injured worker continues to report consistent neck pain, right arm "burning" pain with shoulder tenderness, and right-handed weakness. The treating physician's plan of care includes continuation of home exercise program, pain medication, and 3X4 sessions acupuncture to cervical spine and right upper extremity. The injured worker is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 3x4 cervical spine:** Upheld

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

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

**Decision rationale:** Based on the submitted document, a trial of 3-6 acupuncture sessions is reasonable at this time. The patient did not receive acupuncture treatments in the past. The patient complained of consistent neck and right arm pain with shoulder tenderness. The provider's request for 12-acupuncture session exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is not medically necessary at this time. 6 acupuncture sessions would be reasonable and appropriate to allow for functional improvement.

**Acupuncture 3x4 right upper extremity:** Upheld

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

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

**Decision rationale:** As discussed in previously. The patient is a candidate for an initial acupuncture trial. There was no evidence of prior acupuncture therapy. The guidelines recommend 3-6 acupuncture session as a trial and with documentation of functional improvement, additional acupuncture may be necessary. Therefore, 3-6 sessions is acceptable and appropriate per the Acupuncture Medical Treatment guidelines. However, the provider's request for 12-acupuncture session for the right upper extremity exceeds the guidelines recommendation and therefore is not medically necessary at this time.