

<b>Case Number:</b>	CM15-0121416		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	03/02/2015
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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:

This 47 year old man sustained an industrial injury on 3/2/2015. The mechanism of injury is not detailed. Diagnoses include cervical spine sprain/strain rule out herniated nucleus pulposus, rule out cervical spine radiculopathy, left shoulder sprain/strain rule out derangement, left elbow sprain/strain rule out derangement, left wrist sprain/strain rule out derangement, left hand pain, left thumb pain, low back pain, lumbar spine sprain/strain, rule out herniated nucleus pulposus, rule out lower extremity radiculitis, and rule out left inguinal hernia. Treatment has included oral and topical medications, shockwave therapy, and acupuncture. Physician notes dated 5/28/21015 show complaints of neck pain rated 8/10 with radiculopathy to the bilateral upper extremities; left shoulder pain rated 8/10 with muscle spasms; left elbow pain rated 6/10 with weakness, numbness, tingling, and pain radiating to the hands and fingers; left wrist pain rated 8/10 with muscle spasms, weakness, numbness, tingling, and pain radiating to the hand and thumb; left groin pain rated 4-5/10; and low back pain rated 8/10 with radiculopathy to the bilateral lower extremities. Recommendations include periodic urine drug screen, x-rays of the cervical spine, left shoulder , left elbow, left wrist, and lumbar spine; continue acupuncture; continue shockwave therapy; left inguinal region ultrasound; continue localized intense neurostimulation therapy; electromyogram/nerve conduction studies of the bilateral upper and lower extremities, Deprizine, Dicopanol, Fanatrx, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen cream, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture to the low back only (18 visits): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Acupuncture [DWC]  
Page(s): 13.

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

**Decision rationale:** Based on the report from the provider dated 05-28-15, the patient presents severe pain (8/10), remains off work and the treatment plan is to continue acupuncture with 18 sessions. 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 an unknown number of prior acupuncture sessions, patient continues severely symptomatic, taking oral medication and no evidence of sustained, significant, objective functional improvement (medication intake reduction, work restrictions reduction, activities of daily living improvement) obtained with previous acupuncture was provided to support the reasonableness and necessity of the additional acupuncture requested. In addition the request is for acupuncture x 18, number that exceeds significantly the guidelines criteria without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.