

<b>Case Number:</b>	CM15-0128921		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	04/05/2010
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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:

The injured worker is a 67 year old male patient who sustained an industrial injury on 04/05/2010. A recent primary treating office visit dated 03/06/2015 reported the patient with subjective complaint of neck and left arm pain. There is a referral pending to a pain specialist. He reports the pain is moderate; however, he does not wish to proceed with surgery at this time as he is afraid of it. The prior follow up, dated 02/04/2015 reported the patient's pain being significantly worse than previous visit. The pain starts in the neck radiates into the arm and turns into a headache. The treating diagnosis was: cervical herniated disc. A request was made on 01/15/2015 to obtain new magnetic resonance imaging study of cervical spine along with pain specialist. The patient is not working at this time. He underwent electrodiagnostic nerve study on 07/30/2013 which showed reduced amplitude of the left radial motor nerve; decreased conduction velocity, elbow; left radial sensory nerve with prolonged distal peak latency.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of acupuncture, 2 times a week for 4 weeks, left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The Acupuncture Medical Treatment guidelines recommend acupuncture for pain. It recommends a trial of 3-6 visits over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. There was no evidence that the patient has had acupuncture in the past, therefore a trial appears to be appropriate. However, the provider's request for 8-acupuncture sessions exceeds the guidelines recommendation for an initial trial. It is inconsistent with the evidence-based guidelines and is not medically necessary or appropriate at this time. 6 acupuncture sessions would be appropriate for the patient.