

<b>Case Number:</b>	CM15-0171634		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	06/28/2000
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Preventive Medicine, Occupational 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 50-year-old female, who sustained an industrial injury on 6-28-2000. The injured worker was diagnosed as having cervical spine strain with radicular complaints; bilateral rotator cuff tear; disorders of the bursae and tendons in shoulder region unspecified; spondylolisthesis; sprain of neck. Treatment to date has included status post lumbar spine surgeries x4 L4-S1 anterior and posterior fusion; physical therapy; medications. Currently, the PR-2 notes dated 6-17-15 indicated the injured worker was seen in this office on this day as a re-evaluation. The provider documents the injured worker presents on this day as a status post lumbar spine epidural steroid injection (ESI) from one month ago. She reports her pain relief is slowly going away and it lasted for about one month. Objective findings are documents as examination of the cervical spine exhibits tenderness to palpation about the paracervical and trapezial musculature. There is a positive cervical distraction test and muscle spasms noted. She has restricted range of motion due to complaints of pain noted by the provider. He also notes a decreased sensation in the C5, C6, C8 dermatomes on the right. His examination of the bilateral shoulders is documented as tenderness to palpation about the anterolateral shoulder and supraspinatus. There is mild tenderness extending to the pectoralis with restricted range of motion due to complaints of discomfort and pain. She has rotator cuff weakness noted. The provider documents an examination of the left wrist-hand revealing tenderness to palpation and positive Tinel's and Phalen's signs on the left. He notes weakness in grip strength and slightly restricted range of motion due to discomfort is documented. The provider also reports an examination of the lumbosacral spine revealing increased tone and tenderness about the

paralumbur musculature with tenderness at the midline thoraco-lumbar junction over the L5-S1 facets and right greater sciatic notch. He notes muscle spasms and decreased sensation throughout the right lower extremity. On this visit, the treatment plan recommended performing home therapeutic exercise for range of motion and strengthening purposes. He gave her a prescription for Tramadol and Flexeril as well. Other PR-2 notes were submitted but were a few months prior dated 3-4-15 and then 11-13-14. The 11-13-14 PR-2 note did mention a request for acupuncture two times a week for 4 weeks for her myofascial complaints of the lumbar spine only. There are no notes of functional benefit. A Request for Authorization is dated 8-27-15. A Utilization Review letter is dated 8-24-15 and non-certification was for Acupuncture for the cervical spine, twice a week for four weeks; Acupuncture for the lumbar spine, twice a week for four weeks; Acupuncture for the left shoulder, twice a week for four weeks and Acupuncture for the right shoulder, twice a week for four weeks. Utilization Review non-certified the services stating, "The documentation of the most recent note does not indicate the patient's history with acupuncture. If the patient was authorized sessions, the objective functional benefit was not included. The documentation also does not indicate a rationale for this form of passive treatment current pain ratings to indicate other pain modalities are of no benefit." The provider is requesting authorization of Acupuncture for the cervical spine, twice a week for four weeks; Acupuncture for the lumbar spine, twice a week for four weeks; Acupuncture for the left shoulder, twice a week for four weeks and Acupuncture for the right shoulder, twice a week for four weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture for the cervical spine, twice a week for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 8 treatments is greater than the number recommended for a trial to determine efficacy. There was no documentation of any previous acupuncture sessions. Acupuncture for the cervical spine, twice a week for four weeks is not medically necessary.

**Acupuncture for the lumbar spine, twice a week for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 8

treatments is greater than the number recommended for a trial to determine efficacy. There was no documentation of any previous acupuncture sessions. Acupuncture for the lumbar spine, twice a week for four weeks is not medically necessary.

**Acupuncture for the right shoulder, twice a week for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 8 treatments is greater than the number recommended for a trial to determine efficacy. There was no documentation of any previous acupuncture sessions. Acupuncture for the right shoulder, twice a week for four weeks is not medically necessary.

**Acupuncture for the left shoulder, twice a week for four weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 8 treatments is greater than the number recommended for a trial to determine efficacy. There was no documentation of any previous acupuncture sessions. Acupuncture for the left shoulder, twice a week for four weeks is not medically necessary.