

<b>Case Number:</b>	CM15-0176903		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	07/01/2015
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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 44-year-old male, who sustained an industrial injury on July 1, 2015, incurring neck, back and right shoulder injuries. He was diagnosed with a cervical spine sprain, lumbar spine sprain, and right shoulder sprain with impingement. Currently, the injured worker complained of constant upper back pain rated 7 out of 10, radiating to the right shoulder increased with lifting, pushing and pulling. His pain was relieved with rest. He complained of constant mid and low back pain rated 7 out of 10 with no radiation. The pain increased with bending, lifting, twisting and prolonged sitting and standing. He denied pain in the upper and lower extremities. Because of the persistent pain, the injured worker developed tension, anxiety, depression, fatigue, anger, poor concentration and loss of sleep and interest in his usual activities. He also experienced difficulty with his activities of living such as driving, yard and house work, cooking, personal hygiene and grooming. He was noted to have increased limited range of motion of the right shoulder due to the positive impingement syndrome. The treatment plan that was requested for authorization on September 2, 2015, included acupuncture treatment to the right shoulder and cervical and lumbar spine twice a week for six weeks. On August 28, 2015, a request for acupuncture for the right shoulder, cervical and lumbar spine for twelve sessions was modified to acupuncture for six sessions for the right shoulder, lumbar and cervical spine by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment to the right shoulder and cervical and lumbar spine 2 times a week for 6 weeks (12 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Acupuncture Treatment 2007.

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

**Decision rationale:** According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial. Therefore, further acupuncture is not medically necessary.