

<b>Case Number:</b>	CM15-0179697		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	12/26/2007
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 49-year-old female who sustained an industrial injury on 12-26-2007. Mechanism of injury was a fall. Diagnoses include depression and anxiety, headache, sprain strain of the lumbar region and sprain-strain of the neck. A physician progress note dated 08-25-2015 documents the injured worker complaints of some swelling of her right shoulder that goes to her neck and some sharp pain and a burning sensation. Pain in her low back, right shoulder and neck is rated 8-9 out of 10 on the pain scale. She has right shoulder tenderness at the acromioclavicular joint and anterior aspect of the right shoulder. There is spasm present, and Neer and Hawkins's are positive. The cervical spine is tender and range of motion is restricted. She has right hand weakness and hand is tender. There is spasm in the lumbar spine and range of motion is restricted. There is cervical spine spasm with right upper extremity radiation and numbness. There is lumbar spine pain with right leg radiation and numbness. A physician progress note dated 08-21-2015 documents the injured worker states she is feeling the same since her last visit. Her pain level is 9-10 out of 10. Cymbalta helps. She complains of occipital headache and neuralgia bilaterally, and cervical paraspinal myofascial pain. Treatment to date has included diagnostic studies, medications, status post cervical decompression on 02-09-2011, right shoulder surgery on 2-16-2013, umbilical surgery on 12-16-2013 and right foot surgery on 12-16-2013, acupuncture, and cognitive behavioral therapy. Current medications include Cymbalta, Diclofenac, and Alprazolam. A Request for Authorization dated 08-26-2015 is for Acupuncture 2 x 4. Acupuncture is recommended to alleviate symptoms and improve range of motion and functional capacity. On 09-02-2015 the Utilization Review non-certified, the request

for initial acupuncture treatment to the neck two times a week over 4 weeks. Per a prior review, the claimant had six prior acupuncture sessions.

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

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

**Initial acupuncture treatment to the neck two times a week over 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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, 8 visits exceeds the recommended guidelines for an initial trial. Therefore, further acupuncture is not medically necessary.