

<b>Case Number:</b>	CM15-0179750		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	06/23/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 28 year old male, who sustained an industrial injury on 06-23-2014. He has reported subsequent neck, back and bilateral shoulder pain and was diagnosed with cervical and thoracic musculoligamentous injury, cervical and thoracic myofascitis, cervical disc protrusions, lumbosacral sprain and strain, lumbar disc protrusions and right shoulder sprain and strain with impingement syndrome. MRI of the right shoulder on 01-21-2015 showed rotator cuff tendonitis and acromioclavicular joint osteoarthritis, MRI of the lumbar spine on 01-21-2015 showed protrusion at L3-S1 with annular tear at L4-L5 and MRI of the cervical spine showed protrusion at C4-C7. Treatment to date has included oral and topical pain medication, physical therapy, acupuncture and a home exercise program. Acupuncture was noted to provide definite improvement. As per the 07-13-2015 progress note, 10 sessions of acupuncture had been received. In a progress note dated 08-13-2015, the injured worker reported constant moderate to severe 6-8 out of 10 neck pain, stiffness, heaviness and weakness radiating to the upper back, constant moderate 6-7 out of 10 upper to mid back pain, stiffness and cramping radiating to the low back, constant moderate to severe 6-8 out of 10 achy low back pain and stiffness and constant moderate to severe 7-8 out of 10 achy right shoulder pain and weakness. Objective examination findings showed decreased global sensation in the right upper and left lower extremity, decreased and painful range of motion, 3+ tenderness to palpation and muscle spasms of the cervical, lumbar and thoracic spine and right shoulder. Work status was documented as off work. A request for authorization of continue acupuncture 3 times a week times 6 weeks, refer to [REDACTED] evaluation and refer Girod for right shoulder RTC 4-6 weeks was submitted. As

per the 08-25-2015 utilization review, the requests for continued acupuncture 3 times a week times 6 weeks, refer to [REDACTED] evaluation and refer Girod for right shoulder RTC 4-6 weeks were non-certified.

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

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

**Continued acupuncture 3 times a week times 6 weeks:** Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments. 2. Frequency: 1-3 times per week. 3. Optimum duration is 1-2 months. 4. Treatments may be extended if functional improvement is documented. Previous sessions have not produced documented significant improvements in pain and function. Therefore the request is not medically necessary.

**Refer to [REDACTED] evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition (2004) Chapter 7 Consultations and independent medical examinations, Referrals.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for; 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The request for a consult for a specific physician does not give any specifics for the exact reason and how it would aid in diagnosis and management. Therefore the request is not medically necessary.

**Refer Girod for right shoulder RTC 4-6 weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition (2004) Chapter 7 Consultations and independent medical examinations, Referrals.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment.

**Decision rationale:** Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for; 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The request for a consult for a specific physician does not give any specifics for the exact reason and how it would aid in diagnosis and management. Therefore the request is not medically necessary.